

Health and Human Services Appropriations Bill House File 2460

Last Action:

Final Action

April 29, 2016

An Act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, and including effective date and retroactive and other applicability date provisions.

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

Available online at: <https://www.legis.iowa.gov/publications/information/appropriationBillAnalysis>

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FUNDING SUMMARY

General Fund FY 2017: Appropriates a total of \$1,837.0 million from the General Fund and 5,070.6 FTE positions to the Department on Aging (IDA), Departments of Public Health (DPH), Human Services (DHS), Veterans Affairs (IVA), the Iowa Veterans Home (IVH), and Department of Agriculture and Land Stewardship (DALs). This is an increase of \$3.5 million and 241.1 FTE positions compared to estimated FY 2016.

Other Funds FY 2017: Appropriates a total of \$439.1 million from other funds. This is an increase of \$7.6 million compared to estimated FY 2016.

General Fund Supplemental Appropriations for FY 2016: Provides no net change from the General Fund for FY 2016. The changes include \$15.0 million in deappropriations with all funds being appropriated to Medicaid.

Standing Appropriations FY 2017: In addition to the actual appropriations in this bill, the attached tracking includes the following standing appropriations and unappropriated FTE positions that are automatically appropriated in statute:

- \$233,000 to the DPH for the registry for congenital and inherited disorders.
- \$233,000 to the DHS for child abuse prevention.
- \$1,400 to the DHS for the Commission of Inquiry.
- \$143,000 to the DHS for nonresident mental illness commitment.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Department of Agriculture and Land Stewardship

Iowa Emergency Food Purchase Program: Establishes the Iowa Emergency Food Purchase Program through the Department of Agriculture and Land Stewardship and provides a \$100,000 appropriation.

Page 109, Line 21

Department of Human Services

Children's Mental Health and Well-Being Workgroup: Directs the DHS, in cooperation with the Department of Public Health and the Department of Education, to establish a Request for Proposals (RFP) process for the purpose of contracting for two planning grants for the development and implementation of children's mental health crisis services.

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Nursing Facility Supplemental Payment Program: Creates Non-State Government-Owned Nursing Facility Upper Payment Limit Supplemental Payment Program to provide a supplemental payment to nursing facilities for various activities. This Program is intended to be budget neutral to the state.

Page 89, Line 14

Department of Public Health

Opioid Antagonist Authorization Act: Amends SF 2218 to clarify that a person in a position to assist may be prescribed an opioid antagonist. Permits, rather than requires, the DPH to adopt rules to administer the Opioid Antagonist Authorization Act. Strikes the section that implements the Act on the contingency of funding availability.

Page 82, Line 18

Economic Development Authority

RefugeeRISE AmeriCorps Program: Expands the RefugeeRISE AmeriCorps Program for refugee members to gain work and leadership experience through assisting fellow refugees through community service. The DHS will transfer \$300,000 to the Iowa Economic Development Authority's Iowa Commission on Volunteer Service for the purpose of recruiting and training thirty RefugeeRISE AmeriCorps members to be integrated into five communities over three years.

Page 95, Line 24

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department on Aging: Appropriates \$12.5 million and 31.0 FTE positions. This is an increase of \$1.1 million and 4.0 FTE positions compared to estimated FY 2016.

Page 1, Line 8

Office of Long-Term Care Ombudsman: Appropriates \$1.4 million and 18.0 FTE positions. This is an increase of \$100,000 and 3.0 FTE positions compared to estimated FY 2016.

Page 3, Line 27

Department of Public Health: Appropriates \$59.4 million and 185.0 FTE positions. This is a decrease of \$346,000 and an increase of 3.0 FTE positions compared to estimated FY 2016. The significant changes include:

Page 4, Line 15

- A decrease of \$275,000 to the Addictive Disorders appropriation.
- An increase of \$1.1 million to the Healthy Children and Families appropriation.
- An increase of \$125,000 to the Chronic Conditions appropriation.
- A decrease of \$1.5 million and an increase of 2.0 FTE positions to the Community Capacity appropriation.
- An increase of \$60,000 and 1.0 FTE position to the Public Protection appropriation.

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- An increase of \$150,000 to the Resource Management appropriation.

Department of Veterans Affairs and Iowa Veterans Home: Appropriates \$12.3 million and 15.0 FTE positions. This is no change compared to estimated FY 2016.

Page 20, Line 26

Department of Human Services: Appropriates \$1.75 billion from the General Fund and 4,821.6 FTE positions. This is a net increase of \$2.5 million and 231.1 FTE positions compared to estimated FY 2016. Significant changes include:

Page 22, Line 8

- A net increase of \$15.1 million for the Medicaid Program.
- A net decrease of \$2.6 million for Medical Contracts.
- A decrease of \$1.4 million for the State Supplementary Assistance Program.
- A net decrease of \$11.2 million for State Children's Health Insurance Program (hawk-i Program).
- A net decrease of \$15.0 million for the Child Care Assistance Program.
- A net decrease of \$860,000 for Child and Family Services.
- A net increase of \$48,000 for the Adoption Subsidy Program.
- An increase of \$17.3 million for the two Mental Health Institutes (MHIs).
- A decrease of \$1.3 million for the two State Resource Centers.
- An increase of \$300,000 for the Civil Commitment Unit for Sexual Offenders.
- A decrease of \$4.5 million for Field Operations.
- An increase of \$775,000 for General Administration.
- An increase of \$2.9 million for all DHS facilities.
- An increase of \$3.0 million for Regional Mental Health Grants.

Temporary Assistance for Needy Families (TANF) Block Grant: Appropriates \$146.0 million for FY 2017. This is a net increase of \$11.0 million compared to estimated FY 2016.

Page 22, Line 12

Pharmaceutical Settlement Account: Appropriates \$1.3 million for FY 2017. This is a decrease of \$702,000 compared to estimated FY 2016.

Page 67, Line 37

Quality Assurance Trust Fund: Appropriates \$36.7 million for FY 2017. This is an decrease of \$500,000 compared to estimated FY 2016.

Page 68, Line 12

SUPPLEMENTAL APPROPRIATIONS

Department of Human Services: Provides a \$15.0 million General Fund supplemental appropriation for Medicaid for FY 2016, but no net change due to decreases in various FY 2016 appropriations.

Page 70, Line 4

STUDIES AND INTENT*Department of Human Services*

Home and Community-Based Services Report: Requires the DHS to report regarding changes in supported employment and prevocational services. The report is due to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staffs, and the LSA by December 15, 2016.

Page 38, Line 24

Hospital Health Care Access Assessment: Requires the DHS to explore alternatives to the current hospital assessment methodology and make recommendations to the Governor and the General Assembly by December 15, 2016.

Page 75, Line 23

Mental Health and Disability Services Redesign Progress Report: Requires the DHS to report the progress of the implementation of the Adult Mental Health and Disability Services System redesign to the Governor and General Assembly by November 15, 2016.

Page 95, Line 5

Medicaid Managed Care Oversight: Sets up a structure for oversight of the Medicaid Managed Care Program related to consumer protection, outcome achievement, and program integrity, and requires various reports back to the Legislature.

Page 96, Line 38

Department of Public Health

Budget Pass Through Review Report: Requires entities receiving funding through the DPH to submit reports regarding program objectives and goals. Requires the DPH to review reports and recommend changes for adjusting funding streams to better align with the Department's priorities and goals. The DPH report is due to the Governor and General Assembly by December 15, 2016.

Page 19, Line 34

Budget Review Report: Requires the DPH to submit a report on adjusting the Departments funding streams to reflect the Department's priorities and goals and to provide increase flexibility in distribution of funding to meet these priorities and goals. The report is due to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the Legislative Services Agency (LSA) by December 15, 2016.

Page 20, Line 10

Iowa Commission on Volunteer Service

RefugeeRISE AmeriCorps Efficacy Report: Requires the Iowa Commission on Volunteer Service to

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submit an annual report detailing the efficacy of the RefugeeRISE AmeriCorps Program to the General Assembly and the Department of Human Services.

Iowa Veterans Home

Discharge Report: Requires the IVH to expand the annual discharge report to include applicant information, demographic information, and the level of care for which individuals applied for admission.

Page 21, Line 18

Children's Mental Health Crisis Services Planning Report: Directs the DHS to compile reports from each children's mental health crisis services planning grant awardee and submit a full legislative report, including conclusions and recommendations, to the General Assembly by January 15, 2017.

Page 80, Line 31

Children's Well-Being Report: The DHS shall submit a report on existing programs engaged in addressing the well-being of children with complex needs and their families, including lessons learned, policy changes, best practices, implications for funding, and recommendations. The report is due to the General Assembly by January 15, 2017.

Page 80, Line 36

Children's Mental Health Crisis Services and Public Awareness Campaign Report: Directs the DHS, in consultation with the DPH, the Mental Health and Disability Services Commission, and the Mental Health Planning Council, to submit a legislative report with recommendations for a statewide children's mental health crisis service system, including current children's mental health crisis service systems and telephone lines, and a children's mental health public education and awareness campaign. The report is due to the General Assembly by December 15, 2016.

Page 81, Line 16

SIGNIFICANT CODE CHANGES

Department of Human Services

Hospital Health Care Access Assessment: Extends the repeal of the Hospital Health Care Access Assessment Program until the end of FY 2017.

Page 75, Line 19

Autism Support Program: Expands eligibility from 9 to 14 years of age and from 400.0% to 500.0% of the federal poverty level for the Autism Support Program. The maximum cost sharing is also increased from 10.0% to 15.0%.

Page 78, Line 11

Department of Public Health

Autism Behavior Analyst Grant Program: Amends the Autism Behavior Analyst and Assistant Behavior

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Analyst Grant Program related to eligible programs, practicing in Iowa after graduation, award maximums, and required reports.

Nursing Residency State Matching Grants Program and Iowa Needs Nurses Now Program: Eliminates the sunset date for these programs.

Page 84, Line 15

Trauma Care Service Categorization: Grandfathers in any hospital's Trauma Care Service Categorization Level II certificate achieved before July 1, 2015, as long as the hospital continues to meet the requirements existing at that time.

Page 93, Line 9

Meningococcal Immunization: Requires that a person enrolling in school in seventh or twelfth grade in Iowa be immunized against meningococcal disease.

Page 96, Line 25

EFFECTIVE DATE

Department of Human Services

The Division making deappropriations and a supplemental appropriation to Medicaid is effective on enactment and retroactive to July 1, 2015.

Page 72, Line 8

The Division transferring Decategorization funds to Medicaid is effective on enactment and retroactive to July 1, 2015.

Page 72, Line 25

The section of the bill relating to the repeal of the Hospital Health Care Access Provider Assessment is effective on enactment and retroactive to June 30, 2016.

Page 76, Line 22

The Division relating to creating a Non-State Government-Owned Nursing Facility Upper Payment Limit Supplemental Payment Program is effective on enactment, and implementation is contingent on approval from the Center for Medicare and Medicaid Services (CMS).

Page 92, Line 29

The provision requiring the appointment of public members to the MAAC council is effective on enactment.

Page 108, Line 8

The section of the bill extending Medicaid managed care statewide public meetings through December 31, 2017, is effective on enactment.

Page 109, Line 5

Department of Public Health

The division amending the Opioid Antagonist Act is effective on enactment and retroactive to April 6, 2016.

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The Division eliminating the sunset date for the Nurse Residency State Matching Grant Program and the Iowa Needs Nurses Now Program is effective on enactment and retroactive to June 30, 2016.

Page 89, Line 9

The Division relating to Trauma Care Service Categories is effective on enactment and retroactive to June 30, 2015.

Page 93, Line 27

House File 2460 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
72	33	49	Amend	231E.4.3.a
73	3	50	Amend	222.60A
73	14	51	Amend	249A.12.3.c
73	26	52	Amend	249A.21
75	19	53	Amend	249M.5
76	30	57	Amend	135.181.1,2
77	36	58	Add	135.181.4
78	11	59	Amend	225D.1.8
78	21	60	Amend	225D.2.2.c,d
82	20	68	Add	135.190.1
82	25	69	Add	135.190
83	6	70	Amend	135.190.3
83	14	71	Amend	147A.18.1,5
84	17	76	Amend	135.178
85	10	77	Amend	261.129
89	17	80	Add	249L.2.5A,5B
89	27	81	Amend	249L.2.6
93	9	85	Amend	147A.23.2.c
95	24	90	Amend	15H.5.5.a
96	8	91	New	15H.8
96	27	92	Add	139A.8.2.e
103	14	97	Amend	2.45.6
103	29	98	Add	231.44.3A
104	14	99	Amend	249A.4B
109	10	104	Add	514I.5.8.d.(17)
109	13	105	Add	514I.5.10

1 6 DIVISION I
1 7 DEPARTMENT ON AGING — FY 2016-2017

1 8 Section 1. 2015 Iowa Acts, chapter 137, section 121, is
1 9 amended to read as follows:
1 10 SEC. 121. DEPARTMENT ON AGING. There is appropriated
1 11 from the general fund of the state to the department on aging
1 12 for the fiscal year beginning July 1, 2016, and ending June
1 13 30, 2017, the following amount, or so much thereof as is
1 14 necessary, to be used for the purposes designated:

1 15 For aging programs for the department on aging and area
1 16 agencies on aging to provide citizens of Iowa who are 60 years
1 17 of age and older with case management for frail elders, Iowa's
1 18 aging and disabilities resource center, and other services
1 19 which may include but are not limited to adult day services,
1 20 respite care, chore services, information and assistance,
1 21 and material aid, for information and options counseling for
1 22 persons with disabilities who are 18 years of age or older,
1 23 and for salaries, support, administration, maintenance, and
1 24 miscellaneous purposes, and for not more than the following
1 25 full-time equivalent positions:

2 1	.....	\$	5,699,866
2 2			<u>12,548,603</u>
2 3	.....	FTEs	31.00

2 4 1. Funds appropriated in this section may be used to
2 5 supplement federal funds under federal regulations. To
2 6 receive funds appropriated in this section, a local area
2 7 agency on aging shall match the funds with moneys from other
2 8 sources according to rules adopted by the department. Funds
2 9 appropriated in this section may be used for elderly services
2 10 not specifically enumerated in this section only if approved
2 11 by an area agency on aging for provision of the service within
2 12 the area.

2 13 2. Of the funds appropriated in this section, ~~\$139,973~~
2 14 \$279,946 is transferred to the economic development authority
2 15 for the Iowa commission on volunteer services to be used for
2 16 the retired and senior volunteer program.

2 17 3. a. The department on aging shall establish and enforce
2 18 procedures relating to expenditure of state and federal funds
2 19 by area agencies on aging that require compliance with both
2 20 state and federal laws, rules, and regulations, including but
2 21 not limited to all of the following:
2 22 (1) Requiring that expenditures are incurred only for

General Fund appropriation to the [Department on Aging](#) for FY 2017.

DETAIL: This is an increase of \$1,148,871 and 3.98 FTE positions compared to estimated FY 2016. The changes include:

- An increase of \$1,000,000 for funding to continue the Life Long Links resource program.
- An increase of \$87,537 for an Elder Abuse specialist.
- An increase of \$61,334 to bring the funding level for the Office of Substitute Decision Maker to \$350,000.
- An increase of 3.98 FTE positions to maintain the level the General Assembly appropriated for FY 2016.

Permits the use of funds appropriated in this section to supplement federal funds for elderly services if those services are approved by an Area Agency on Aging (AAA). Requires local AAAs to match the funds for aging programs and services.

Requires a transfer of \$279,946 to the Iowa Commission on Volunteer Services in the Iowa Economic Development Authority for the Retired Senior Volunteer Program (RSVP).

DETAIL: This is no change compared to the FY 2016 allocation.

Requires the Department on Aging to establish and enforce procedures related to expenditures of state and federal funds and to comply with both state and federal law. An AAA is liable for any expenditures that are not in compliance with the law.

2 23 goods or services received or performed prior to the end of
 2 24 the fiscal period designated for use of the funds.
 2 25 (2) Prohibiting prepayment for goods or services not
 2 26 received or performed prior to the end of the fiscal period
 2 27 designated for use of the funds.
 2 28 (3) Prohibiting the prepayment for goods or services not
 2 29 defined specifically by good or service, time period, or
 2 30 recipient.
 2 31 (4) Prohibiting the establishment of accounts from which
 2 32 future goods or services which are not defined specifically by
 2 33 good or service, time period, or recipient, may be purchased.
 2 34 b. The procedures shall provide that if any funds are
 2 35 expended in a manner that is not in compliance with the
 2 36 procedures and applicable federal and state laws, rules, and
 2 37 regulations, and are subsequently subject to repayment, the
 2 38 area agency on aging expending such funds in contravention of
 2 39 such procedures, laws, rules and regulations, not the state,
 3 1 shall be liable for such repayment.

3 2 4. Of the funds appropriated in this section, at least
 3 3 ~~\$125,000~~ \$250,000 shall be used to fund the unmet needs
 3 4 identified through Iowa's aging and disability resource center
 3 5 network.

Allocates at least \$250,000 to be used to meet the unmet needs of older individuals as identified by the Unmet Needs Services Report.

DETAIL: This is no change compared to the FY 2016 allocation.

3 6 5. Of the funds appropriated in this section, at
 3 7 least ~~\$300,000~~ \$600,000 shall be used to fund home and
 3 8 community-based services through the area agencies on aging
 3 9 that enable older individuals to avoid more costly utilization
 3 10 of residential or institutional services and remain in their
 3 11 own homes.

Allocates at least \$600,000 to be used for Home and Community-Based Services provided through an AAA.

DETAIL: This is no change compared to the FY 2016 allocation.

3 12 6. Of the funds appropriated in this section, ~~\$406,833~~
 3 13 \$962,537 shall be used for the purposes of chapter 231E and
 3 14 section 231.56A, of which ~~\$144,333~~ \$350,000 shall be used for
 3 15 the office of substitute decision maker pursuant to chapter
 3 16 231E, and the remainder shall be distributed equally to the
 3 17 area agencies on aging to administer the prevention of elder
 3 18 abuse, neglect, and exploitation program pursuant to section
 3 19 231.56A, in accordance with the requirements of the federal
 3 20 Older Americans Act of 1965, 42 U.S.C. §3001 et seq., as
 3 21 amended.

Allocates \$962,537 for the following:

- \$612,537 to administer the prevention of elder abuse, neglect, and exploitation through the Aging and Disability Resource Network.
- \$350,000 for the Office of Substitute Decision Maker.

DETAIL: This is an increase of \$61,334 compared to the FY 2016 allocation for the Office of Substitute Decision Maker and \$87,537 for the Aging and Disability Resource Network.

3 22 7. Of the funds appropriated in this section, \$1,000,000
 3 23 shall be used to fund continuation of the aging and disability
 3 24 resource center lifelong links to provide individuals and
 3 25 caregivers with information and services to plan for and
 3 26 maintain independence.

Allocates \$1,000,000 to continue the Life Long Links resource program. This Program was previously funded by a federal grant. This is a new allocation for FY 2017.

3 27 DIVISION II
3 28 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2016-2017

3 29 Sec. 2. 2015 Iowa Acts, chapter 137, section 122, is
3 30 amended to read as follows:

3 31 SEC. 122. OFFICE OF LONG-TERM CARE OMBUDSMAN.

3 32 1. There is appropriated from the general fund of the
3 33 state to the office of long-term care ombudsman for the fiscal
3 34 year beginning July 1, 2016, and ending June 30, 2017, the
3 35 following amount, or so much thereof as is necessary, to be
3 36 used for the purposes designated:

3 37 For salaries, support, administration, maintenance, and
3 38 miscellaneous purposes, and for not more than the following
3 39 full-time equivalent positions:

4 1	..... \$	638,394
4 2		<u>1,376,783</u>
4 3	..... FTEs	47.00
4 4		<u>18.00</u>

4 5 2. Of the funds appropriated in this section, ~~\$140,000~~
4 6 \$220,000 shall be used to continue to provide for additional
4 7 local long-term care ombudsmen.

4 8 3. Of the funds appropriated in this section, \$100,000
4 9 shall be used to provide an additional long-term care
4 10 ombudsman to provide assistance and advocacy related to
4 11 long-term care services and supports under the Medicaid
4 12 program pursuant to section 231.44.

4 13 DIVISION III
4 14 DEPARTMENT OF PUBLIC HEALTH — FY 2016-2017

4 15 Sec. 3. 2015 Iowa Acts, chapter 137, section 123, is
4 16 amended to read as follows:

4 17 SEC. 123. DEPARTMENT OF PUBLIC HEALTH. There is
4 18 appropriated from the general fund of the state to the
4 19 department of public health for the fiscal year beginning July
4 20 1, 2016, and ending June 30, 2017, the following amounts, or
4 21 so much thereof as is necessary, to be used for the purposes
4 22 designated:

4 23 1. ADDICTIVE DISORDERS

4 24 For reducing the prevalence of the use of tobacco, alcohol,
4 25 and other drugs, and treating individuals affected by
4 26 addictive behaviors, including gambling, and for not more than
4 27 the following full-time equivalent positions:

4 28	..... \$	13,631,845
4 29		<u>26,988,690</u>

General Fund appropriation to the [Office of Long-Term Care Ombudsman](#) for FY 2017.

DETAIL: This is an increase of \$100,000 and 3.02 FTE positions compared to estimated FY 2016. The changes include:

- An increase of \$100,000 and 1.00 FTE position for an additional Medicaid Long-Term Care Ombudsman.
- An increase of 2.02 FTE positions to maintain the level the General Assembly appropriated for FY 2016.

Allocates \$220,000 for local Long-Term Care Ombudsmen.

DETAIL: This is no change compared to the FY 2016 allocation.

Allocates \$100,000 for an additional local Long-Term Care Ombudsmen to assist the Medicaid Program applicants and enrollees.

DETAIL: This is a new allocation for FY 2017.

General Fund appropriation to [Addictive Disorders](#) programs.

DETAIL: This is a decrease of \$275,000 and no change in FTE positions compared to estimated FY 2016. The decrease in funding is to the Problem Gambling Prevention, Treatment, and Control Program which has been experiencing funding reversions. Clients served will not decrease.

4 30 FTEs 10.00

4 31 a. (1) Of the funds appropriated in this subsection,
 4 32 ~~\$2,624,180~~ \$5,248,361 shall be used for the tobacco use
 4 33 prevention and control initiative, including efforts at the
 4 34 state and local levels, as provided in chapter 142A. The
 4 35 commission on tobacco use prevention and control established
 4 36 pursuant to section 142A.3 shall advise the director of public
 4 37 health in prioritizing funding needs and the allocation
 4 38 of moneys appropriated for the programs and initiatives.
 4 39 Activities of the programs and initiatives shall be in
 5 1 alignment with the United States centers for disease control
 5 2 and prevention best practices for comprehensive tobacco
 5 3 control programs that include the goals of preventing youth
 5 4 initiation of tobacco usage, reducing exposure to secondhand
 5 5 smoke, and promotion of tobacco cessation. To maximize
 5 6 resources, the department shall determine if third-party
 5 7 sources are available to instead provide nicotine replacement
 5 8 products to an applicant prior to provision of such products
 5 9 to an applicant under the initiative. The department shall
 5 10 track and report to the individuals specified in this Act; any
 5 11 reduction in the provision of nicotine replacement products
 5 12 realized by the initiative through implementation of the
 5 13 prerequisite screening.

Allocates \$5,248,361 for tobacco use, prevention, and control initiatives, including Community Partnerships. Directs activities of the Commission on Tobacco Use Prevention and Control to align with U.S. Centers for Disease Control and Prevention best practices.

DETAIL: This is no change compared to the FY 2016 allocation.

5 14 (2) (a) ~~Of the funds allocated in this paragraph~~
 5 15 ~~"a", \$226,533 is transferred to the~~ The department shall
 5 16 collaborate with the alcoholic beverages division of the
 5 17 department of commerce for enforcement of tobacco laws,
 5 18 regulations, and ordinances and to engage in tobacco control
 5 19 activities approved by the division of tobacco use prevention
 5 20 and control of the department of public health as specified
 5 21 in the memorandum of understanding entered into between the
 5 22 divisions.

Requires the DPH to collaborate with the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances. Limits tobacco compliance checks by the ABD to one annually per retail outlet and one additional check for any retail outlet found to be in violation during the first check.

DETAIL: Does not specify a specific dollar amount to be allocated. This will allow the DPH and ABD to work together to agree on funding needs.

5 23 (b) For the fiscal year beginning July 1, 2016, and
 5 24 ending June 30, 2017, the terms of the memorandum of
 5 25 understanding, entered into between the division of tobacco
 5 26 use prevention and control of the department of public health
 5 27 and the alcoholic beverages division of the department of
 5 28 commerce, governing compliance checks conducted to ensure
 5 29 licensed retail tobacco outlet conformity with tobacco laws,
 5 30 regulations, and ordinances relating to persons under ~~eighteen~~
 5 31 18 years of age, shall continue to restrict the number of such
 5 32 checks to one check per retail outlet, and one additional
 5 33 check for any retail outlet found to be in violation during
 5 34 the first check.

5 35 b. Of the funds appropriated in this subsection,

Allocates \$21,740,329 for problem gambling and substance abuse

5 36 ~~\$11,007,664~~ \$21,740,329 shall be used for problem gambling and
 5 37 substance-related disorder prevention, treatment, and recovery
 5 38 services, including a 24-hour helpline, public information
 5 39 resources, professional training, youth prevention, and
 6 1 program evaluation.
 6 2 ~~—(1) Of the funds allocated in this paragraph “b”,~~
 6 3 ~~\$9,451,857 shall be used for substance-related disorder~~
 6 4 ~~prevention and treatment.~~
 6 5 ~~—(a) Of the funds allocated in this subparagraph (1),~~
 6 6 ~~\$449,650 shall be used for the public purpose of a grant~~
 6 7 ~~program to provide substance-related disorder prevention~~
 6 8 ~~programming for children.~~
 6 9 ~~—(i) Of the funds allocated in this subparagraph~~
 6 10 ~~division (a), \$213,769 shall be used for grant funding~~
 6 11 ~~for organizations that provide programming for children~~
 6 12 ~~by utilizing mentors. Programs approved for such grants~~
 6 13 ~~shall be certified or must be certified within six months of~~
 6 14 ~~receiving the grant award by the Iowa commission on volunteer~~
 6 15 ~~services as utilizing the standards for effective practice for~~
 6 16 ~~mentoring programs.~~
 6 17 ~~—(ii) Of the funds allocated in this subparagraph~~
 6 18 ~~division (a), \$213,419 shall be used for grant funding for~~
 6 19 ~~organizations providing programming that includes youth~~
 6 20 ~~development and leadership services. The programs shall~~
 6 21 ~~also be recognized as being programs that are scientifically~~
 6 22 ~~based with evidence of their effectiveness in reducing~~
 6 23 ~~substance-related disorders in children.~~
 6 24 ~~—(iii) The department of public health shall utilize a~~
 6 25 ~~request for proposals process to implement the grant program.~~
 6 26 ~~—(iv) All grant recipients shall participate in a program~~
 6 27 ~~evaluation as a requirement for receiving grant funds.~~
 6 28 ~~—(v) Of the funds allocated in this subparagraph division~~
 6 29 ~~(a), up to \$22,461 may be used to administer substance-related~~
 6 30 ~~disorder prevention grants and for program evaluations.~~
 6 31 ~~—(b) Of the funds allocated in this subparagraph~~
 6 32 ~~(1), \$136,301 shall be used for culturally competent~~
 6 33 ~~substance-related disorder treatment pilot projects.~~
 6 34 ~~—(i) The department shall utilize the amount allocated~~
 6 35 ~~in this subparagraph division (b) for at least three pilot~~
 6 36 ~~projects to provide culturally competent substance-related~~
 6 37 ~~disorder treatment in various areas of the state. Each pilot~~
 6 38 ~~project shall target a particular ethnic minority population.~~
 6 39 ~~The populations targeted shall include but are not limited to~~
 7 1 ~~African American, Asian, and Latino.~~
 7 2 ~~—(ii) The pilot project requirements shall provide for~~
 7 3 ~~documentation or other means to ensure access to the cultural~~
 7 4 ~~competence approach used by a pilot project so that such~~
 7 5 ~~approach can be replicated and improved upon in successor~~

treatment and prevention.

DETAIL: This is a decrease of \$275,000 compared to the FY 2016 allocation. Youth prevention is added to the allocation language and all subsequent allocations of this amount are eliminated, allowing the DPH more flexibility in determining program needs.

7 6 programs.
 7 7 ~~—(2) Of the funds allocated in this paragraph “b”, up~~
 7 8 ~~to \$1,555,807 may be used for problem gambling prevention,~~
 7 9 ~~treatment, and recovery services.~~
 7 10 ~~—(a) Of the funds allocated in this subparagraph (2),~~
 7 11 ~~\$1,286,881 shall be used for problem gambling prevention and~~
 7 12 ~~treatment.~~
 7 13 ~~—(b) Of the funds allocated in this subparagraph (2),~~
 7 14 ~~up to \$218,926 may be used for a 24-hour helpline, public~~
 7 15 ~~information resources, professional training, and program~~
 7 16 ~~evaluation.~~
 7 17 ~~—(c) Of the funds allocated in this subparagraph (2), up~~
 7 18 ~~to \$50,000 may be used for the licensing of problem gambling~~
 7 19 ~~treatment programs.~~
 7 20 ~~—(3) It is the intent of the general assembly that from the~~
 7 21 ~~moneys allocated in this paragraph “b”, persons with a dual~~
 7 22 ~~diagnosis of substance-related disorder and gambling addiction~~
 7 23 ~~shall be given priority in treatment services.~~
 7 24 ~~—c. Notwithstanding any provision of law to the contrary,~~
 7 25 ~~to standardize the availability, delivery, cost of delivery,~~
 7 26 ~~and accountability of problem gambling and substance-related~~
 7 27 ~~disorder treatment services statewide, the department shall~~
 7 28 ~~continue implementation of a process to create a system~~
 7 29 ~~for delivery of treatment services in accordance with the~~
 7 30 ~~requirements specified in 2008 Iowa Acts, chapter 1187,~~
 7 31 ~~section 3, subsection 4. To ensure the system provides a~~
 7 32 ~~continuum of treatment services that best meets the needs of~~
 7 33 ~~Iowans, the problem gambling and substance-related disorder~~
 7 34 ~~treatment services in any area may be provided either by a~~
 7 35 ~~single agency or by separate agencies submitting a joint~~
 7 36 ~~proposal.~~
 7 37 ~~—(1) The system for delivery of substance-related disorder~~
 7 38 ~~and problem gambling treatment shall include problem gambling~~
 7 39 ~~prevention.~~
 8 1 ~~—(2) The system for delivery of substance-related disorder~~
 8 2 ~~and problem gambling treatment shall include substance-related~~
 8 3 ~~disorder prevention by July 1, 2017.~~
 8 4 ~~—(3) Of the funds allocated in paragraph “b”, the department~~
 8 5 ~~may use up to \$50,000 for administrative costs to continue~~
 8 6 ~~developing and implementing the process in accordance with~~
 8 7 ~~this paragraph “c”.~~

8 8 d. The requirement of section ~~423.53~~ 123.17, subsection
 8 9 5, is met by the appropriations and allocations made in
 8 10 this division of this Act for purposes of substance-related
 8 11 disorder treatment and addictive disorders for the fiscal year
 8 12 beginning July 1, 2016.

Updates a Code reference and specifies that the requirements of Iowa
 Code section 123.17 are met by the appropriations made in this Act.

8 13 ~~—e. The department of public health shall work with all~~
 8 14 ~~other departments that fund substance-related disorder~~
 8 15 ~~prevention and treatment services and all such departments~~
 8 16 ~~shall, to the extent necessary, collectively meet the state~~
 8 17 ~~maintenance-of-effort requirements for expenditures for~~
 8 18 ~~substance-related disorder services as required under the~~
 8 19 ~~federal substance-related disorder prevention and treatment~~
 8 20 ~~block grant.~~

Deletes outdated language.

DETAIL: Several years ago, there was an attempt to use Department of Corrections expenditures for substance abuse treatment of inmates as Maintenance-of-Effort (MOE) for the Substance Abuse Treatment and Prevention Block Grant. This did not work, and the language is not necessary.

8 21 2. HEALTHY CHILDREN AND FAMILIES

8 22 For promoting the optimum health status for children,
 8 23 adolescents from birth through 21 years of age, and families,
 8 24 and for not more than the following full-time equivalent
 8 25 positions:

8 26	\$	2,308,774
8 27		<u>5,693,774</u>
8 28	FTEs	12.00

General Fund appropriation to [Healthy Children and Families](#) programs.

DETAIL: This is an increase of \$1,076,231 and no change in FTE positions compared to estimated FY 2016. The increase is for the First Five Program.

8 29 a. Of the funds appropriated in this subsection,
 8 30 not more than ~~\$367,420~~ \$734,841 shall be used for the
 8 31 healthy opportunities for parents to experience success
 8 32 (HOPES)-healthy families Iowa (HFI) program established
 8 33 pursuant to section 135.106. The funding shall be distributed
 8 34 to renew the grants that were provided to the grantees that
 8 35 operated the program during the fiscal year ending June 30,
 8 36 2016.

Limits the General Fund amount used to fund the Healthy Opportunities to Experience Success - Healthy Families Iowa (HOPES-HFI) Program to \$734,841.

DETAIL: This is no change compared to the FY 2016 allocation. Requires funds to be distributed to the grantees that received funding in FY 2016.

8 37 b. In order to implement the legislative intent stated in
 8 38 sections 135.106 and 256I.9, that priority for home visitation
 8 39 program funding be given to programs using evidence-based
 9 1 or promising models for home visitation, it is the intent
 9 2 of the general assembly to phase in the funding priority in
 9 3 accordance with 2012 Iowa Acts, chapter 1133, section 2,
 9 4 subsection 2, paragraph "0b".

Implements legislative intent for Iowa Code section [35.106](#), HOPES-HFI, and Iowa Code section [256I.9](#), Early Childhood Iowa. Priority for Home Visitation Program funding is to be given to programs using evidence-based or promising models for home visitation.

9 5 c. Of the funds appropriated in this subsection,
 9 6 ~~\$1,099,414~~ \$3,275,059 shall be used for continuation of the
 9 7 department's initiative to provide for adequate developmental
 9 8 surveillance and screening during a child's first five years.
 9 9 The funds shall be used first to fully fund the current sites
 9 10 to ensure that the sites are fully operational, with the
 9 11 remaining funds to be used for expansion to additional sites.
 9 12 The full implementation and expansion shall include enhancing
 9 13 the scope of the program through collaboration with the child
 9 14 health specialty clinics to promote healthy child development
 9 15 through early identification and response to both biomedical
 9 16 and social determinants of healthy development; by monitoring
 9 17 child health metrics to inform practice, document long-term

Allocates \$3,275,059 for the Iowa First Five Healthy Mental Development Initiative Programs.

DETAIL: This is an increase of \$1,076,231 compared to the FY 2016 allocation. The increase will fully fund implementation in 65 counties and allow for Community Planning for two to three new areas that will cover up to 27 counties.

9 18 health impacts and savings, and provide for continuous
9 19 improvement through training, education, and evaluation; and
9 20 by providing for practitioner consultation particularly for
9 21 children with behavioral conditions and needs. The department
9 22 of public health shall also collaborate with the Iowa
9 23 Medicaid enterprise and the child health specialty clinics
9 24 to integrate the activities of the first five initiative
9 25 into the establishment of patient-centered medical homes,
9 26 community utilities, accountable care organizations, and other
9 27 integrated care models developed to improve health quality and
9 28 population health while reducing health care costs. To the
9 29 maximum extent possible, funding allocated in this paragraph
9 30 shall be utilized as matching funds for medical assistance
9 31 program reimbursement.

9 32 d. Of the funds appropriated in this subsection, ~~\$37,320~~
9 33 \$74,640 shall be distributed to a statewide dental carrier to
9 34 provide funds to continue the donated dental services program
9 35 patterned after the projects developed by the lifeline network
9 36 to provide dental services to indigent individuals who are
9 37 elderly or with disabilities.

Allocates \$74,640 for a Donated Dental Services Program for Indigent Elderly and Disabled individuals.

DETAIL: This is no change compared to the FY 2016 allocation.

9 38 e. Of the funds appropriated in this subsection, ~~\$55,997~~
9 39 \$111,995 shall be used for childhood obesity prevention.

Allocates \$111,995 for childhood obesity programs.

DETAIL: This is no change compared to the FY 2016 allocation.

10 1 f. Of the funds appropriated in this subsection, ~~\$81,384~~
10 2 \$162,768 shall be used to provide audiological services and
10 3 hearing aids for children. The department may enter into a
10 4 contract to administer this paragraph.

Allocates \$162,768 for the Audiological Services for Kids Program to provide audiological services and hearing aids to children.

DETAIL: This is no change compared to the FY 2016 allocation.

10 5 g. Of the funds appropriated in this subsection, ~~\$12,500~~
10 6 \$25,000 is transferred to the university of Iowa college
10 7 of dentistry for provision of primary dental services to
10 8 children. State funds shall be matched on a dollar-for-dollar
10 9 basis. The university of Iowa college of dentistry shall
10 10 coordinate efforts with the department of public health,
10 11 bureau of oral and health delivery systems, to provide dental
10 12 care to underserved populations throughout the state.

Transfers \$25,000 to the University of Iowa College of Dentistry to provide primary dental services to children. Requires a one-to-one dollar match by the University. The College is directed to coordinate efforts with the DPH Bureau of Oral Health to provide dental care to underserved populations throughout Iowa.

DETAIL: This is no change compared to the FY 2016 allocation.

10 13 h. Of the funds appropriated in this subsection, ~~\$25,000~~
10 14 \$50,000 shall be used to address youth suicide prevention.

Allocates \$50,000 for a youth suicide prevention program.

DETAIL: This is no change compared to the FY 2016 allocation.

10 15 i. Of the funds appropriated in this subsection, ~~\$25,000~~
10 16 \$50,000 shall be used to support the Iowa effort to address

Allocates \$50,000 to support the Iowa effort to address the study of children who experience adverse childhood experiences (ACEs).

10 17 the survey of children who experience adverse childhood
10 18 experiences known as ACEs.

DETAIL: This is no change compared to the FY 2016 allocation.

10 19 j. The department of public health shall continue to
10 20 administer the program to assist parents in this state with
10 21 costs resulting from the death of a child in accordance with
10 22 the provisions of 2014 Iowa Acts, chapter 1140, section 22,
10 23 subsection 12.

Requires the DPH to continue to administer the Child Burial Assistance Program enacted in the FY 2015 Health and Human Services Appropriations Act in the Child Care Assistance appropriation to DHS.

DETAIL: The Program received an allocation of \$100,000 with nonreversion language. At the end of March 2016, around \$50,000 was remaining.

10 24 3. CHRONIC CONDITIONS
10 25 For serving individuals identified as having chronic
10 26 conditions or special health care needs, and for not more than
10 27 the following full-time equivalent positions:
10 28 \$ 2,477,846
10 29 5,080.692
10 30 FTEs 5.00

General Fund appropriation to [Chronic Conditions](#) programs.

DETAIL: This is a net increase of \$125,000 and no change in FTE positions compared to estimated FY 2016. Changes include:

- A decrease of \$25,000 to the Cervical Cancer Screening Program.
- An increase of \$150,000 to the Brain Injury Services Program.

10 31 a. Of the funds appropriated in this subsection, ~~\$79,966~~
10 32 \$159,932 shall be used for grants to individual patients who
10 33 have an inherited metabolic disorder to assist with the costs
10 34 of medically necessary foods and formula.

Allocates \$159,932 for grants to individual patients with [inherited metabolic disorders](#) to assist with necessary costs for special foods.

DETAIL: This is no change compared to the FY 2016 allocation.

10 35 b. Of the funds appropriated in this subsection, ~~\$445,822~~
10 36 \$1,041,644 shall be used for the brain injury services program
10 37 pursuant to section 135.22B, including for continuation of
10 38 the contracts for resource facilitator services in accordance
10 39 with section 135.22B, subsection 9, and to enhance brain
11 1 injury training and recruitment of service providers on a
11 2 statewide basis. Of the amount allocated in this paragraph,
11 3 ~~\$47,500~~ \$95,000 shall be used to fund one full-time equivalent
11 4 position to serve as the state brain injury services program
11 5 manager.

Allocates \$1,041,644 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is an increase of \$150,000 compared to the FY 2016 allocation. This increase will provide one additional regional neurofacilitator.

11 6 c. Of the funds appropriated in this subsection, ~~\$273,991~~
11 7 \$547,982 shall be used as additional funding to leverage
11 8 federal funding through the federal Ryan White Care Act, Tit.
11 9 II, AIDS drug assistance program supplemental drug treatment
11 10 grants.

Allocates \$547,982 to the [AIDS Drug Assistance Program \(ADAP\)](#).

DETAIL: This is no change compared to the FY 2016 allocation.

11 11 d. Of the funds appropriated in this subsection, ~~\$74,911~~
11 12 \$149,823 shall be used for the public purpose of continuing
11 13 to contract with an existing national-affiliated organization

Allocates \$149,823 for epilepsy education and support. Requires a dollar-for-dollar match for \$49,823 of the funds received.

11 14 to provide education, client-centered programs, and client
 11 15 and family support for people living with epilepsy and their
 11 16 families. The amount allocated in this paragraph in excess
 11 17 of ~~\$50,000~~ \$100,000 shall be matched dollar-for-dollar by the
 11 18 organization specified.

DETAIL: This is no change compared to the FY 2016 allocation.

11 19 e. Of the funds appropriated in this subsection, ~~\$392,557~~
 11 20 \$785,114 shall be used for child health specialty clinics.

Allocates \$785,114 for Child Health Specialty Clinics.

DETAIL: This is no change compared to the FY 2016 allocation.

11 21 f. Of the funds appropriated in this subsection,
 11 22 ~~\$200,000~~ \$400,000 shall be used by the regional autism
 11 23 assistance program established pursuant to section 256.35,
 11 24 and administered by the child health specialty clinic located
 11 25 at the university of Iowa hospitals and clinics. The funds
 11 26 shall be used to enhance interagency collaboration and
 11 27 coordination of educational, medical, and other human services
 11 28 for persons with autism, their families, and providers of
 11 29 services, including delivering regionalized services of
 11 30 care coordination, family navigation, and integration of
 11 31 services through the statewide system of regional child
 11 32 health specialty clinics and fulfilling other requirements
 11 33 as specified in chapter 225D. The university of Iowa shall
 11 34 not receive funds allocated under this paragraph for indirect
 11 35 costs associated with the regional autism assistance program.

Allocates \$400,000 to be used by the Regional Autism Service Program (RASP) to create autism support programs administered by the Child Health Specialty Clinic located at the University of Iowa Hospitals and Clinics (UIHC).

DETAIL: This is no change compared to the FY 2016 allocation. The University of Iowa (UI) is prohibited from receiving any funds for indirect costs associated with the allocation.

11 36 g. Of the funds appropriated in this subsection, ~~\$285,496~~
 11 37 \$594,543 shall be used for the comprehensive cancer control
 11 38 program to reduce the burden of cancer in Iowa through
 11 39 prevention, early detection, effective treatment, and ensuring
 12 1 quality of life. Of the funds allocated in this paragraph
 12 2 "g", ~~\$75,000~~ \$150,000 shall be used to support a melanoma
 12 3 research symposium, a melanoma biorepository and registry,
 12 4 basic and translational melanoma research, and clinical
 12 5 trials.

Allocates \$594,543 for the Iowa Comprehensive Cancer Control (ICCC) Program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma.

DETAIL: This is an increase of \$23,550 compared to the FY 2016 allocation but no change in funding compared to the last few fiscal years. This will align the actual program funding and allocation in the bill.

12 6 h. Of the funds appropriated in this subsection, ~~\$63,225~~
 12 7 \$101,450 shall be used for cervical and colon cancer
 12 8 screening, and ~~\$150,000~~ \$300,000 shall be used to enhance the
 12 9 capacity of the cervical cancer screening program to include
 12 10 provision of recommended prevention and early detection
 12 11 measures to a broader range of low-income women.

Allocates \$101,450 for cervical and colon cancer screening and \$300,000 for enhanced capacity of the Cervical Cancer Screening Program for a total of \$401,450.

DETAIL: This is a decrease of \$25,000 for cervical cancer screenings compared to the FY 2016 allocation. The overall number of Iowans seeking DPH-funded cervical cancer and colon cancer screening and preventative services is projected to continue to decrease as more people enroll in new public and private health plans. Eligibility for the Colorectal Screening Cancer Program is being expanded through the administrative rule making process [ARC 2446C](#).

12 12 i. Of the funds appropriated in this subsection, ~~\$263,347~~
 12 13 \$526,695 shall be used for the center for congenital and
 12 14 inherited disorders.

Allocates \$526,695 for the Center for Congenital and Inherited Disorders central registry.

DETAIL: This is no change compared to the FY 2016 allocation.

12 15 j. Of the funds appropriated in this subsection, ~~\$64,705~~
 12 16 \$129,411 shall be used for the prescription drug donation
 12 17 repository program created in chapter 135M.

Allocates \$129,411 for the Prescription Drug Donation Repository Program.

DETAIL: This is no change compared to the FY 2016 allocation.

12 18 k. Of the funds appropriated in this subsection, ~~\$107,631~~
 12 19 \$215,263 shall be used by the department of public health
 12 20 for reform-related activities, including but not limited to
 12 21 facilitation of communication to stakeholders at the state
 12 22 and local level, administering the patient-centered health
 12 23 advisory council pursuant to section 135.159, and involvement
 12 24 in health care system innovation activities occurring across
 12 25 the state.

Allocates \$215,263 for the DPH Office of Health Care Transformation that handles Affordable Care Act related initiatives.

DETAIL: This is no change compared to the FY 2016 allocation.

12 26 l. Of the funds appropriated in this subsection, ~~\$12,500~~
 12 27 \$25,000 shall be used for administration of chapter 124D, the
 12 28 medical cannabidiol Act.

Allocates \$25,000 for the administration of Iowa Code chapter [124D](#), the Medical Cannabidiol Act.

DETAIL: This is no change compared to the FY 2016 allocation.

12 29 4. COMMUNITY CAPACITY

12 30 For strengthening the health care delivery system at the
 12 31 local level, and for not more than the following full-time
 12 32 equivalent positions:

12 33	..... \$	4,410,667
12 34		<u>7,339,136</u>
12 35	..... FTEs	41.00
12 36		<u>13.00</u>

General Fund appropriation to [Community Capacity](#) programs.

DETAIL: This is a net decrease of \$1,482,199 and an increase of 2.00 FTE positions compared to estimated FY 2016. The General Fund changes include:

- A decrease of \$1,672,199 to reflect the Governor's item veto of funding for the Iowa Collaborative Safety Net Provider Network.
- A decrease of \$105,448 to eliminate funding for the Mental Health Professional Workforce Shortage Area Program allocation.
- An increase of \$74,059 for the PRIMECARRE Loan Repayment Program for mental health workforce.
- An increase of \$47,000 and 0.50 FTE position for the Child Vision Screening Program. This will fully implement the program enacted in Iowa Code section [135.39D](#) by providing support for ongoing maintenance and hosting costs for the program and 0.50 FTE position for data entry and oversight.
- An increase of \$74,389 and 0.50 FTE position to fund the Office on Minority and Multicultural Health that has lost the ability to use federal funds.

- An increase of \$100,000 and 1.00 FTE position to better manage workforce contracts and workforce strategies and submit a report on new department strategies for addressing these issues.

12 37 a. Of the funds appropriated in this subsection, ~~\$49,707~~
 12 38 \$99,414 is allocated for continuation of the child vision
 12 39 screening program implemented through the university of Iowa
 13 1 hospitals and clinics in collaboration with early childhood
 13 2 Iowa areas. The program shall submit a report to the
 13 3 individuals identified in this Act for submission of reports
 13 4 regarding the use of funds allocated under this paragraph "a".
 13 5 The report shall include the objectives and results for the
 13 6 program year including the target population and how the funds
 13 7 allocated assisted the program in meeting the objectives; the
 13 8 number, age, and location within the state of individuals
 13 9 served; the type of services provided to the individuals
 13 10 served; the distribution of funds based on service provided;
 13 11 and the continuing needs of the program.

Allocates \$99,414 for the Iowa KidSight child vision screening program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas.

DETAIL: This is no change compared to the FY 2016 allocation.

13 12 b. Of the funds appropriated in this subsection, ~~\$55,328~~
 13 13 \$110,656 is allocated for continuation of an initiative
 13 14 implemented at the university of Iowa and ~~\$49,952~~ \$99,904
 13 15 is allocated for continuation of an initiative at the state
 13 16 mental health institute at Cherokee to expand and improve the
 13 17 workforce engaged in mental health treatment and services.
 13 18 The initiatives shall receive input from the university of
 13 19 Iowa, the department of human services, the department of
 13 20 public health, and the mental health and disability services
 13 21 commission to address the focus of the initiatives.

Allocates \$110,656 for a University of Iowa (UI) initiative to expand and improve the mental health treatment and services workforce. Allocates \$99,904 for a similar initiative at the Mental Health Institute (MHI) at Cherokee, for a total of \$210,560.

DETAIL: This is no change compared to the FY 2016 allocation.

13 22 c. Of the funds appropriated in this subsection, ~~\$582,314~~
 13 23 \$1,164,628 shall be used for essential public health services
 13 24 that promote healthy aging throughout one's lifespan,
 13 25 contracted through a formula for local boards of health, to
 13 26 enhance health promotion and disease prevention services.

Allocates \$1,164,628 for core public health functions, including home health care and public health nursing services.

DETAIL: This is no change compared to the FY 2016 allocation.

13 27 d. Of the funds appropriated in this ~~section~~ subsection,
 13 28 ~~\$49,643~~ \$99,286 shall be deposited in the governmental public
 13 29 health system fund created in section 135A.8 to be used for
 13 30 the purposes of the fund.

Allocates \$99,286 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.

DETAIL: This is no change compared to the FY 2016 allocation.

13 31 ~~e. Of the funds appropriated in this subsection, \$52,724~~
 13 32 ~~shall be used to continue to address the shortage of mental~~
 13 33 ~~health professionals in the state.~~

Eliminates the allocation for the Mental Health Professional Shortage Area Program.

DETAIL: This is a decrease of \$105,448 compared to the FY 2016 allocation.

13 34 f. Of the funds appropriated in this subsection, ~~\$25,000~~
 13 35 \$50,000 shall be used for a grant to a statewide association
 13 36 of psychologists that is affiliated with the American
 13 37 psychological association to be used for continuation of
 13 38 a program to rotate intern psychologists in placements in
 13 39 urban and rural mental health professional shortage areas, as
 14 1 defined in section 135.180.

Allocates \$50,000 for the [Psychology Postdoctoral Internship Rotation Program](#) for intern psychologists in urban and rural mental health professional shortage areas.

DETAIL: This is no change compared to the FY 2016 allocation.

14 2 g. (1) Of the funds appropriated in this subsection,
 14 3 ~~\$1,441,484~~ \$1,210,770 shall be allocated as a grant to
 14 4 the Iowa primary care association to be used pursuant to
 14 5 section 135.153 for the statewide coordination of the Iowa
 14 6 collaborative safety net provider network. Coordination of
 14 7 the network shall focus on increasing access by underserved
 14 8 populations to health care services, increasing integration
 14 9 of the health system and collaboration across the continuum
 14 10 of care with a focus on safety net services, and enhancing the
 14 11 Iowa collaborative safety net provider network's communication
 14 12 and education efforts. The amount allocated as a grant under
 14 13 this subparagraph (1) shall be used as follows to support
 14 14 the Iowa collaborative safety net provider network goals of
 14 15 increased access, health system integration, and engagement:

Allocates \$1,210,770 to the Iowa Collaborative Safety Net Provider Network to implement Iowa Code section [135.153](#).

DETAIL: This is no change compared to the FY 2016 allocation.

14 16 (a) For distribution to safety net partners in the state
 14 17 that work to increase access of the underserved population to
 14 18 health services:
 14 19 \$ 512,742
 14 20 1,025,485

Of the amount allocated in subparagraph (1), \$1,025,485 is allocated to increase access to underserved populations for health services. This is no change compared to the FY 2016 allocation. This amount is further allocated as follows:

14 21 (i) Of the amount allocated in this subparagraph
 14 22 division (a), ~~up to \$206,707~~ not less than \$413,415 shall be
 14 23 distributed to the Iowa prescription drug corporation for
 14 24 continuation of the pharmaceutical infrastructure for safety
 14 25 net providers as described in 2007 Iowa Acts, chapter 218,
 14 26 section 108.
 14 27 (ii) Of the amount allocated in this subparagraph
 14 28 division (a), ~~up to \$174,164~~ not less than \$348,322 shall
 14 29 be distributed to free clinics and free clinics of Iowa for
 14 30 necessary infrastructure, statewide coordination, provider
 14 31 recruitment, service delivery, and provision of assistance to
 14 32 patients in securing a medical home inclusive of oral health
 14 33 care.
 14 34 (iii) Of the amount allocated in this subparagraph
 14 35 division (a), ~~up to \$25,000~~ not less than \$50,000 shall be
 14 36 distributed to the Iowa coalition against sexual assault to
 14 37 continue a training program for sexual assault response team
 14 38 (SART) members, including representatives of law enforcement,
 14 39 victim advocates, prosecutors, and certified medical

- At least \$413,415 for the pharmaceutical infrastructure for safety net providers.
- At least \$348,322 for free clinics to assist patients with finding a medical home.
- At least \$50,000 for a grant program in collaboration with Sexual Assault Response Team (SART) members to expand the response room model throughout Iowa.
- At least \$213,748 for the specialty health care initiative.

15 1 personnel.
 15 2 (iv) Of the amount allocated in this subparagraph
 15 3 division (a), ~~up to \$106,874~~ not less than \$213,748 shall
 15 4 be distributed to the Polk county medical society for
 15 5 continuation of the safety net provider patient access to a
 15 6 specialty health care initiative as described in 2007 Iowa
 15 7 Acts, chapter 218, section 109.

15 8 (c) For distribution to safety net partners in the state
 15 9 that work to serve as a resource for credible, accurate
 15 10 information on health care-related needs and services
 15 11 for vulnerable populations in the state including the
 15 12 Iowa association of rural health clinics for necessary
 15 13 infrastructure and service delivery transformation and the
 15 14 Iowa primary care association to support partner engagement,
 15 15 program management, and statewide coordination of the network:
 15 16\$ 92,642
 15 17185,285

15 18 (2) The amount allocated under this paragraph "g" shall
 15 19 not be reduced for administrative or other costs prior to
 15 20 distribution. The Iowa collaborative safety net provider
 15 21 network may continue to distribute funds allocated pursuant
 15 22 to this paragraph "g" through existing contracts or renewal
 15 23 of existing contracts.

15 24 (3) For each goal of the Iowa collaborative safety net
 15 25 provider network, the Iowa primary care association shall
 15 26 submit a progress report to the individuals designated in this
 15 27 Act for submission of reports by December 15, 2016, including
 15 28 progress in developing and implementing the network, how the
 15 29 funds were distributed and used in developing and implementing
 15 30 the network, and the remaining needs identified to fully
 15 31 develop and implement the network.

15 32 h. Of the funds appropriated in this subsection, ~~\$106,700~~
 15 33 \$213,400 shall be used for continuation of the work of the
 15 34 direct care worker advisory council established pursuant to
 15 35 2008 Iowa Acts, chapter 1188, section 69, in implementing
 15 36 the recommendations in the final report submitted by the
 15 37 advisory council to the governor and the general assembly in
 15 38 March 2012, including by continuing to develop, promote, and
 15 39 make available on a statewide basis the prepare-to-care core
 16 1 curriculum and its associated modules and specialties through
 16 2 various formats including online access, community colleges,
 16 3 and other venues; exploring new and maintaining existing
 16 4 specialties including but not limited to oral health and

Of the amount allocated in subparagraph (1), \$185,285 is allocated for resource information, services for vulnerable populations, partner engagement, program management, and statewide coordination.

DETAIL: This is no change compared to the FY 2016 allocation. Funds will also provide for general program management and coordination. These funds will expand technical assistance and training available to safety net partners. The goal is to serve as a resource for credible, accurate information on healthcare-related needs and services for vulnerable populations in Iowa.

Specifies that administrative costs related to the distribution of funding to the Safety Net Provider Network may not be taken out of the allocated funding. Permits the Iowa Collaborative Safety Net Provider Network to distribute funds through existing contracts.

Requires a report to be submitted by December 15, 2016, regarding the progress in developing and implementing the network, how funds were distributed, and the remaining needs in developing and implementing the network.

Allocates \$213,400 for the Direct Care Worker Advisory Council.

DETAIL: This is no change compared to the FY 2016 allocation.

16 5 dementia care; supporting instructor training; and assessing
 16 6 and making recommendations concerning the Iowa care book and
 16 7 information technology systems and infrastructure uses and
 16 8 needs.

16 9 i. (1) Of the funds appropriated in this subsection,
 16 10 ~~\$108,487~~ \$216,375 shall be ~~used for allocation to allocated~~
 16 11 ~~for continuation of the contract with~~ an independent statewide
 16 12 direct care worker organization ~~previously~~ selected through a
 16 13 request for proposals process. The contract shall continue to
 16 14 include performance and outcomes measures, and shall continue to
 16 15 to allow the contractor to use a portion of the funds received
 16 16 under the contract to collect data to determine results based
 16 17 on the performance and outcomes measures.

Allocates \$216,375 for the continuation of a request for proposal previously awarded for an independent direct care worker organization for promotion and education on direct care workforce issues.

DETAIL: This is no change compared to the amount of the FY 2016 allocation.

16 18 (2) Of the funds appropriated in this subsection, ~~\$37,500~~
 16 19 \$75,000 shall be used to provide scholarships or other
 16 20 forms of subsidization for direct care worker educational
 16 21 conferences, training, or outreach activities.

Allocates \$75,000 for scholarships for direct care worker educational conferences, training, and outreach activities.

DETAIL: This is no change compared to the FY 2016 allocation.

16 22 j. Of the funds appropriated in this subsection, the
 16 23 department may use up to ~~\$29,087~~ \$58,175 for up to one
 16 24 full-time equivalent position to administer the volunteer
 16 25 health care provider program pursuant to section 135.24.

Permits the Department to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.

DETAIL: This is no change compared to the FY 2016 allocation.

16 26 k. Of the funds appropriated in this subsection, ~~\$50,000~~
 16 27 \$100,000 shall be used for a matching dental education loan
 16 28 repayment program to be allocated to a dental nonprofit health
 16 29 service corporation to continue to develop the criteria and
 16 30 implement the loan repayment program.

Allocates \$100,000 for the [FIND Dental Education Loan Repayment Program](#).

DETAIL: This is no change compared to the FY 2016 allocation.

16 31 l. Of the funds appropriated in this subsection, ~~\$52,944~~
 16 32 \$105,823 is transferred to the college student aid commission
 16 33 for deposit in the rural Iowa primary care trust fund created
 16 34 in section 261.113 to be used for the purposes of the fund.

Allocates \$105,823 for transfer to the College Student Aid Commission for deposit in the [Primary Care Trust](#).

DETAIL: This is no change compared to the FY 2016 allocation.

16 35 m. Of the funds appropriated in this subsection, ~~\$125,000~~
 16 36 \$250,000 shall be used for the purposes of the Iowa donor
 16 37 registry as specified in section 142C.18.

Allocates \$250,000 to the [Iowa Donor Registry](#).

DETAIL: This is no change compared to the FY 2016 allocation.

16 38 n. Of the funds appropriated in this subsection, ~~\$50,000~~
 16 39 \$100,000 shall be used for continuation of a grant to a
 17 1 nationally affiliated volunteer eye organization that has an
 17 2 established program for children and adults and that is solely
 17 3 dedicated to preserving sight and preventing blindness through
 17 4 education, nationally certified vision screening and training,

Allocates \$100,000 to Prevent Blindness Iowa for a vision screening and training program.

DETAIL: This is no change compared to the FY 2016 allocation. The Program is required to submit a report outlining program objectives, target population and locations, services provided, and other details.

17 5 and community and patient service programs. The organization
 17 6 shall submit a report to the individuals identified in this
 17 7 Act for submission of reports regarding the use of funds
 17 8 allocated under this paragraph "n". The report shall include
 17 9 the objectives and results for the program year including
 17 10 the target population and how the funds allocated assisted
 17 11 the program in meeting the objectives; the number, age, and
 17 12 location within the state of individuals served; the type of
 17 13 services provided to the individuals served; the distribution
 17 14 of funds based on services provided; and the continuing needs
 17 15 of the program.

17 16 o. Of the funds appropriated in this subsection,
 17 17 ~~\$1,000,000~~ \$2,000,000 shall be deposited in the medical
 17 18 residency training account created in section 135.175,
 17 19 subsection 5, paragraph "a", and is appropriated from the
 17 20 account to the department of public health to be used for the
 17 21 purposes of the medical residency training state matching
 17 22 grants program as specified in section 135.176. However,
 17 23 notwithstanding any provision to the contrary in section
 17 24 135.176, priority in the awarding of grants for the fiscal
 17 25 year beginning July 1, 2016, shall be given to sponsors
 17 26 approved but not funded in the prior fiscal year competitive
 17 27 procurement process that proposed preference in the use of
 17 28 the grant funds for internal medicine positions, and priority
 17 29 in the awarding of the remaining moneys shall be given to
 17 30 sponsors that propose preference in the use of the grant
 17 31 funds for psychiatric residency positions and family practice
 17 32 residency positions.

Allocates \$2,000,000 for a Medical Residency Training Program. Specifies that grants for approved but unfunded awards in FY 2016 be given first preference. The remainder of the funds are to give preference to the expansion of new medical residency positions, psychiatric residency positions, and family practice positions.

DETAIL: This is no change in funding compared to the FY 2016 allocation. The priority for giving funds to previously awarded but not funded grantees is new.

17 33 p. Of the funds appropriated in this subsection, ~~\$78,309~~
 17 34 \$156,619 is allocated to the university of Iowa hospitals and
 17 35 clinics to continue a systematic and evidence-based practice
 17 36 collaborative care model to improve outcomes of mental health
 17 37 treatment in primary care settings in the state. Funds shall
 17 38 be used to establish the collaborative care model in several
 17 39 primary care practices in rural and urban areas throughout the
 18 1 state, to provide staffing to administer the model, and to
 18 2 provide staff training and database management to track and
 18 3 manage patient outcomes.

Allocates \$156,619 to the UIHC for a program that improves outcomes for mental health treatment in primary care settings.

DETAIL: This is no change compared to the FY 2016 allocation. The program provides additional training to medical residency students about mental health and psychiatric prescriptions and tracks data and outcomes.

18 4 q. Of the funds appropriated in this subsection, \$100,000
 18 5 shall be used by the department of public health to develop
 18 6 recommendations to be submitted in a report by December 15,
 18 7 2016, as otherwise described in this division of this Act,
 18 8 including those for a broader, more systematic and strategic
 18 9 workforce initiative, which may include a comprehensive
 18 10 study of workforce program needs and the establishment of an

Allocates \$100,000 for the DPH to develop a report on broader, more systemic, and more strategic workforce initiatives.

DETAIL: This is a new allocation. The report is further detailed in subsections 9(b) and 9(c).

18 11 advisory workgroup.

18 12 5. HEALTHY AGING

18 13 To provide public health services that reduce risks and
18 14 invest in promoting and protecting good health over the
18 15 course of a lifetime with a priority given to older Iowans and
18 16 vulnerable populations:

18 17	.....	\$	3,648,574
18 18	.....		<u>7,297,142</u>

18 19 6. INFECTIOUS DISEASES

18 20 For reducing the incidence and prevalence of communicable
18 21 diseases, and for not more than the following full-time
18 22 equivalent positions:

18 23	.....	\$	667,577
18 24	.....		<u>1,335,155</u>
18 25	.....	FTEs	4.00

18 26 7. PUBLIC PROTECTION

18 27 For protecting the health and safety of the public through
18 28 establishing standards and enforcing regulations, and for not
18 29 more than the following full-time equivalent positions:

18 30	.....	\$	2,169,595
18 31	.....		<u>4,399,191</u>
18 32	.....	FTEs	436.00
18 33	.....		<u>137.00</u>

18 34 a. Of the funds appropriated in this subsection, not more
18 35 than ~~\$227,350~~ \$454,700 shall be credited to the emergency
18 36 medical services fund created in section 135.25. Moneys in
18 37 the emergency medical services fund are appropriated to the
18 38 department to be used for the purposes of the fund.

18 39 b. Of the funds appropriated in this subsection, ~~\$101,516~~
19 1 \$203,032 shall be used for sexual violence prevention
19 2 programming through a statewide organization representing
19 3 programs serving victims of sexual violence through the
19 4 department's sexual violence prevention program. The amount
19 5 allocated in this paragraph "b" shall not be used to supplant
19 6 funding administered for other sexual violence prevention or
19 7 victims assistance programs.

19 8 c. Of the funds appropriated in this subsection, ~~\$299,375~~
19 9 \$598,751 shall be used for the state poison control center.
19 10 Pursuant to the directive under 2014 Iowa Acts, chapter 1140,
19 11 section 102, the federal matching funds available to the
19 12 state poison control center from the department of human
19 13 services under the federal Children's Health Insurance Program

General Fund appropriation to [Healthy Aging](#) programs.

DETAIL: This is no change compared to estimated FY 2016.

General Fund appropriation to [Infectious Disease](#) programs.

DETAIL: This is no change in funding or FTE positions compared to estimated FY 2016.

General Fund appropriation to [Public Protection](#) programs.

DETAIL: This is an increase of \$60,000 and 1.00 FTE position compared to estimated FY 2016. The increase is to fully fund the Certificate of Need Program staff. This position previously split duties with the Administrative Rules coordination process.

Allocates up to \$454,700 for the EMS Fund.

DETAIL: This is no change compared to the FY 2016 allocation.

Allocates \$203,032 to provide program funding for sexual violence prevention.

DETAIL: This is no change compared to the FY 2016 allocation.

Allocates up to \$598,751 for the [State Poison Control Center](#).

DETAIL: This is no change compared to the FY 2016 allocation. The DHS is required to implement a new health services initiative under the Children's Health Insurance Program (CHIP) to provide funding for the Center. The Center is allowed to transfer as much funding as needed

19 14 Reauthorization Act allotment shall be subject to the federal
 19 15 administrative cap rule of 10 percent applicable to funding
 19 16 provided under Tit.XXI of the federal Social Security Act and
 19 17 included within the department's calculations of the cap.

for the purpose of receiving matching federal funds.

19 18 d. Of the funds appropriated in this subsection,
 19 19 ~~\$268,875~~ \$537,750 shall be used for childhood lead poisoning
 19 20 provisions.

Allocates \$537,750 for [childhood lead poisoning](#) testing.

DETAIL: This is no change compared to the FY 2016 allocation.

19 21 8. RESOURCE MANAGEMENT

General Fund appropriation for [Resource Management](#) activities.

19 22 For establishing and sustaining the overall ability of the
 19 23 department to deliver services to the public, and for not more
 19 24 than the following full-time equivalent positions:
 19 25 \$ 427,536
 19 26 1,005,072
 19 27 FTEs 4.00

DETAIL: This is an increase of \$150,000 and no change in FTE positions compared to estimated FY 2016. The increase funds the ongoing service charges from the Office of the Chief Information Officer due to the Department's move of IT Infrastructure support from the Lucas Data Center to the Hoover Data Center. The total new annual costs are estimated at \$600,000 based on FY 2016 rates, but federal funds, other funds, and fees will make up the 75.0% not covered by this increase.

19 28 9. MISCELLANEOUS PROVISIONS

Prohibits the UIHC from receiving indirect cost reimbursement from General Fund appropriations to the Department. Requires the UIHC to submit billings to the DPH on a quarterly basis each year.

19 29 a. The university of Iowa hospitals and clinics under
 19 30 the control of the state board of regents shall not receive
 19 31 indirect costs from the funds appropriated in this section.
 19 32 The university of Iowa hospitals and clinics billings to the
 19 33 department shall be on at least a quarterly basis.

19 34 b. The department of public health shall conduct a sampling
 19 35 of the entities to which appropriated funds are allocated,
 19 36 granted, or otherwise distributed under this section and
 19 37 shall require such entities to submit a progress report to the
 19 38 department by September 1, 2016, which includes the objectives
 19 39 and results of the program since the initial receipt of state
 20 1 funding and how the funds are assisting the program in meeting
 20 2 the objectives, specifying the target population served and
 20 3 the type of services provided, and identifying the continuing
 20 4 needs of the recipient entity and the service population. The
 20 5 department shall review the information reported and shall
 20 6 make recommendations to the governor and the general assembly
 20 7 by December 15, 2016, to realign, bundle, or otherwise
 20 8 redistribute funding to meet the needs identified and improve
 20 9 services during the subsequent fiscal year.

Requires the DPH to sample entities receiving funding through the DPH and require the entities to submit a report by September 1, 2016, that contains the objectives and results of the program funded, how funds are utilized, targeted population served, and continuing programming needs in the future. The DPH must make recommendations to the Governor and the General Assembly about realigning, bundling, or otherwise distributing funding to meet the needs identified and improving services in the following fiscal year by December 15, 2016.

20 10 c. The department of public health shall submit a report
 20 11 to the individuals identified in this Act for submission
 20 12 of reports by December 15, 2016, regarding a proposal

Requires the DPH to submit a report regarding the proposal for realigning, bundling, and adjusting the Departments funding streams to reflect their priorities and goals. The report is due to the Chairpersons

20 13 for realigning, bundling, redistributing, or otherwise
 20 14 adjusting the department's funding streams to reflect the
 20 15 department's priorities and goals and to provide increased
 20 16 flexibility in the distribution of funding to meet these
 20 17 priorities and goals. The proposal shall specifically include
 20 18 recommendations for a broader, more systematic and strategic
 20 19 workforce initiative which may include a comprehensive
 20 20 study of workforce program needs and the establishment of an
 20 21 advisory workgroup. The proposal shall also specifically
 20 22 include strategies developed in collaboration with the
 20 23 department of education, to encourage elementary and secondary
 20 24 education students to pursue careers in the fields of health
 20 25 and health care.

and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA by December 15, 2016. The report must specifically include recommendations for a broader, systemic workforce strategy and include strategies developed with the Department of Education to encourage elementary and secondary education students to pursue careers in the fields of health and health care.

20 26 DIVISION IV
 20 27 DEPARTMENT OF VETERANS AFFAIRS — FY 2016-2017

20 28 Sec. 4. 2015 Iowa Acts, chapter 137, section 124, is
 20 29 amended to read as follows:
 20 30 SEC. 124. DEPARTMENT OF VETERANS AFFAIRS. There is
 20 31 appropriated from the general fund of the state to the
 20 32 department of veterans affairs for the fiscal year beginning
 20 33 July 1, 2016, and ending June 30, 2017, the following amounts,
 20 34 or so much thereof as is necessary, to be used for the
 20 35 purposes designated:

General Fund appropriation to the [Department of Veterans Affairs](#).

20 36 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
 20 37 For salaries, support, maintenance, and miscellaneous
 20 38 purposes, and for not more than the following full-time
 20 39 equivalent positions:

21 1	.....	\$	600,273
21 2	.....		<u>1,200,546</u>
21 3	..... FTEs		15.00

DETAIL: This is no change in funding or FTE positions compared to estimated FY 2016.

21 4 2. IOWA VETERANS HOME

21 5 For salaries, support, maintenance, and miscellaneous
 21 6 purposes:

21 7	.....	\$	3,797,498
21 8	.....		<u>7,594,996</u>

General Fund appropriation to the [Iowa Veterans Home](#) (IVH).

DETAIL: This is no change compared to estimated FY 2016.

21 9 a. The Iowa veterans home billings involving the
 21 10 department of human services shall be submitted to the
 21 11 department on at least a monthly basis.

Requires the IVH to submit monthly claims relating to Medicaid to the DHS.

21 12 c. Within available resources and in conformance with
 21 13 associated state and federal program eligibility requirements,
 21 14 the Iowa veterans home may implement measures to provide
 21 15 financial assistance to or on behalf of veterans or their

Permits the IVH to provide financial assistance to support participation in the community reentry program within state and federal eligibility requirements.

21 16 spouses who are participating in the community reentry
21 17 program.

Requires the IVH to expand the annual discharge report to include applicant information, demographic information, and the level of care for which individuals applied for admission.

21 18 e. The Iowa veterans home shall expand the annual discharge
21 19 report to also include applicant information and to provide
21 20 for the collection of demographic information including
21 21 but not limited to the number of individuals applying for
21 22 admission and admitted or denied admittance and the basis for
21 23 the admission or denial; the age, gender, and race of such
21 24 individuals; and the level of care for which such individuals
21 25 applied for admission including residential or nursing level
21 26 of care.

General Fund Appropriation for the [Home Ownership Assistance Program](#) for military service members, to be transferred to the Iowa Finance Authority.

DETAIL: This is no change compared to estimated FY 2016.

21 27 3. HOME OWNERSHIP ASSISTANCE PROGRAM
21 28 For transfer to the Iowa finance authority for the
21 29 continuation of the home ownership assistance program for
21 30 persons who are or were eligible members of the armed forces
21 31 of the United States, pursuant to section 16.54:
21 32\$ 1,250,000
21 332,500,000

Limits the FY 2017 General Fund standing appropriation to the [County Commissions of Veteran Affairs Fund](#) to \$990,000.

DETAIL: This is a decrease of \$10,000 compared to the standing appropriation of \$1,000,000 in Iowa Code section [35A.16](#) and is no change compared to estimated FY 2016.

21 34 Sec. 5. 2015 Iowa Acts, chapter 137, section 125, is
21 35 amended to read as follows:
21 36 SEC. 125. LIMITATION OF COUNTY COMMISSIONS OF VETERAN
21 37 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
21 38 standing appropriation in section 35A.16 for the fiscal year
21 39 beginning July 1, 2016, and ending June 30, 2017, the amount
22 1 appropriated from the general fund of the state pursuant to
22 2 that section for the following designated purposes shall not
22 3 exceed the following amount:
22 4 For the county commissions of veteran affairs fund under
22 5 section 35A.16:

22 6\$ 495,000
22 7990,000

22 8 DIVISION V
22 9 DEPARTMENT OF HUMAN SERVICES — FY 2016-2017

22 10 Sec. 6. 2015 Iowa Acts, chapter 137, section 126, is
22 11 amended to read as follows:

22 12 SEC. 126. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
22 13 GRANT. There is appropriated from the fund created in section
22 14 8.41 to the department of human services for the fiscal year
22 15 beginning July 1, 2016, and ending June 30, 2017, from moneys
22 16 received under the federal temporary assistance for needy
22 17 families (TANF) block grant pursuant to the federal Personal
22 18 Responsibility and Work Opportunity Reconciliation Act of
22 19 1996, Pub.L.No.104-193, and successor legislation, the
22 20 following amounts, or so much thereof as is necessary, to be

Temporary Assistance for Needy Families (TANF) Block Grant Fund appropriations for FY 2017.

DETAIL: The federal government implemented Federal Welfare Reform on August 22, 1996. Federal Welfare Reform changed the funding for the Family Investment Program (FIP) from a matching program to a federal block grant. The TANF Program was reauthorized on February 8, 2006, with work participation rates extended to separate state programs and the elimination of high performance bonuses; however,

22 21	used for the purposes designated:		Iowa's federal grant remains the same at \$131,028,542 per year.
22 22	1. To be credited to the family investment program account		TANF FY 2017 Block Grant appropriation for the FIP Account.
22 23	and used for assistance under the family investment program		
22 24	under chapter 239B:		DETAIL: This is a decrease of \$24,533 compared to estimated
22 25	..... \$	2,568,497	FY 2016. The decrease is due to a declining caseload and a shift in
22 26		<u>5,112,462</u>	Program funding to the General Fund to meet maintenance of effort
			(MOE) requirements.
22 27	2. To be credited to the family investment program account		TANF FY 2017 Block Grant appropriation for the PROMISE JOBS
22 28	and used for the job opportunities and basic skills (JOBS)		Program.
22 29	program and implementing family investment agreements in		
22 30	accordance with chapter 239B:		DETAIL: This is a decrease of \$4,562,485 compared to estimated FY
22 31	..... \$	5,069,089	2016. The decrease is due to a declining caseload and a shift in
22 32		<u>5,575,693</u>	Program funding to the General Fund to meet MOE requirements.
22 33	3. To be used for the family development and		TANF FY 2017 Block Grant appropriation for the Family Development
22 34	self-sufficiency grant program in accordance with section		and Self Sufficiency (FaDSS) Program.
22 35	216A.107:		
22 36	..... \$	1,449,490	DETAIL: This is no change compared to estimated FY 2016.
22 37		<u>2,898,980</u>	
22 38	Notwithstanding section 8.33, moneys appropriated in this		Requires nonreversion of funds allocated for the FaDSS Grant
22 39	subsection that remain unencumbered or unobligated at the		Program.
23 1	close of the fiscal year shall not revert but shall remain		
23 2	available for expenditure for the purposes designated until		
23 3	the close of the succeeding fiscal year. However, unless such		
23 4	moneys are encumbered or obligated on or before September 30,		
23 5	2016 2017, the moneys shall revert.		
23 6	4. For field operations:		TANF FY 2017 Block Grant appropriation for Field Operations.
23 7	..... \$	15,648,116	
23 8		<u>35,774,331</u>	DETAIL: This is an increase of \$4,478,099 compared to estimated
			FY 2016. This increase in TANF dollars is offset by a decrease in the
			General Fund Field Operations Appropriation, and there is no net
			change.
23 9	5. For general administration:		TANF FY 2017 Block Grant appropriation for General Administration.
23 10	..... \$	1,872,000	
23 11		<u>3,744,000</u>	DETAIL: This is no change compared to estimated FY 2016.
23 12	6. For state child care assistance:		TANF FY 2017 Block Grant appropriation for Child Care Assistance.
23 13	..... \$	17,523,555	
23 14		<u>46,866,826</u>	DETAIL: This is an increase of \$11,819,716 compared to estimated FY
			2016. The increase is offset by a decrease in the General Fund Child

Care Assistance Appropriation, and further program changes are discussed in that section.

Requires the DHS to transfer \$26,328,097 to the Child Care and Development Block Grant and to use \$200,000 for training of registered child care home providers. Permits the DHS to contract with colleges or child care resource and referral centers, and specifies requirements for funding the grants and the application form for the Grant. Caps contractor administrative costs at 5.00%.

Specifies that approximately \$20,538,729 will be used for Child Care Assistance for employed individuals enrolled in the Family Investment Program (FIP).

Eliminates the TANF FY 2017 Block Grant appropriation for Mental Health and Developmental Disabilities Community Services.

DETAIL: This is a decrease of \$4,894,052 compared to estimated FY 2016. These funds are directly appropriated through the TANF FY 2017 Block Grant appropriation for Child and Family Services.

TANF FY 2017 Block Grant appropriation for Child and Family Services.

DETAIL: This is an increase of \$5,172,151 compared to estimated FY 2016. The changes include:

- An increase of \$4,894,052 to appropriated funds that were previously transferred to this appropriation from the Social Services Block Grant.
- A decrease of \$5,200,000 for the purpose of funding juvenile delinquent graduated sanctions with General Fund dollars, as the use of TANF dollars for juvenile delinquent graduated sanctions is no longer permissible.
- An increase of \$4,478,098 to offset a General Fund appropriations decrease of the same amount.

23 15 a. Of the funds appropriated in this subsection,
23 16 ~~\$13,164,048~~ \$26,328,097 is transferred to the child care and
23 17 development block grant appropriation made by the Eighty-sixth
23 18 General Assembly, 2016 Session, for the federal fiscal year
23 19 beginning October 1, 2016, and ending September 30, 2017. Of
23 20 this amount, ~~\$100,000~~ \$200,000 shall be used for provision
23 21 of educational opportunities to registered child care home
23 22 providers in order to improve services and programs offered
23 23 by this category of providers and to increase the number of
23 24 providers. The department may contract with institutions
23 25 of higher education or child care resource and referral
23 26 centers to provide the educational opportunities. Allowable
23 27 administrative costs under the contracts shall not exceed 5
23 28 percent. The application for a grant shall not exceed two
23 29 pages in length.

23 30 b. Any funds appropriated in this subsection remaining
23 31 unallocated shall be used for state child care assistance
23 32 payments for families who are employed including but not
23 33 limited to individuals enrolled in the family investment
23 34 program.

23 35 ~~—7. For distribution to counties and regions through the~~
23 36 ~~property tax relief fund for mental health and disability~~
23 37 ~~services as provided in an appropriation made for this~~
23 38 ~~purpose:~~
23 39 \$ 2,447,026

24 1 8. For child and family services:
24 2 \$ 16,042,215
24 3 37,256,580

- A general increase of \$1,000,000.

TANF FY 2017 Block Grant appropriation for Child Abuse Prevention Grants.

DETAIL: This is no change compared to estimated FY 2016.

TANF FY 2017 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

DETAIL: This is no change compared to estimated FY 2016.

Requires the Department to award pregnancy prevention grants that are based on existing models and to programs that have demonstrated positive outcomes. Requires pregnancy prevention grants from the TANF to include the requirement that sexual abstinence be emphasized. Specifies that priority in awarding the grants should be given to programs in areas of Iowa that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.

TANF FY 2017 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: This is no change compared to estimated FY 2016.

TANF FY 2017 Block Grant appropriation to the DHS to implement and maintain the new FIP eligibility system.

DETAIL: This is a decrease of \$1,000,000 compared to estimated FY 2016.

Permits the DHS to carryforward TANF funds.

DETAIL: Funds carried forward may be used for FIP and Child Care Assistance.

24 4 9. For child abuse prevention grants:
24 5\$ 62,500
24 6125,000

24 7 10. For pregnancy prevention grants on the condition that
24 8 family planning services are funded:
24 9\$ 965,033
24 101,930,067

24 11 Pregnancy prevention grants shall be awarded to programs
24 12 in existence on or before July 1, 2016, if the programs have
24 13 demonstrated positive outcomes. Grants shall be awarded to
24 14 pregnancy prevention programs which are developed after July
24 15 1, 2016, if the programs are based on existing models that
24 16 have demonstrated positive outcomes. Grants shall comply with
24 17 the requirements provided in 1997 Iowa Acts, chapter 208,
24 18 section 14, subsections 1 and 2, including the requirement
24 19 that grant programs must emphasize sexual abstinence.
24 20 Priority in the awarding of grants shall be given to programs
24 21 that serve areas of the state which demonstrate the highest
24 22 percentage of unplanned pregnancies of females of childbearing
24 23 age within the geographic area to be served by the grant.

24 24 11. For technology needs and other resources necessary
24 25 to meet federal welfare reform reporting, tracking, and case
24 26 management requirements:
24 27\$ 518,593
24 281,037,186

24 29 12. For the family investment program share of the costs to
24 30 continue to develop and maintain a new, integrated eligibility
24 31 determination system:
24 32\$ 3,327,440
24 335,654,880

24 34 13. a. Notwithstanding any provision to the contrary,
24 35 including but not limited to requirements in section 8.41 or
24 36 provisions in 2015 or 2016 Iowa Acts regarding the receipt
24 37 and appropriation of federal block grants, federal funds
24 38 from the temporary assistance for needy families block grant
24 39 received by the state and not otherwise appropriated in this
25 1 section and remaining available for the fiscal year beginning

25 2 July 1, 2016, are appropriated to the department of human
 25 3 services to the extent as may be necessary to be used in the
 25 4 following priority order:the family investment program, for
 25 5 state child care assistance program payments for families who
 25 6 are employed, and for the family investment program share of
 25 7 costs to develop and maintain a new, integrated eligibility
 25 8 determination system. The federal funds appropriated in this
 25 9 paragraph "a" shall be expended only after all other funds
 25 10 appropriated in subsection 1 for the assistance under the
 25 11 family investment program, in subsection 6 for child care
 25 12 assistance, or in subsection 12 for the family investment
 25 13 program share of the costs to continue to develop and maintain
 25 14 a new, integrated eligibility determination system, as
 25 15 applicable, have been expended. For the purposes of this
 25 16 subsection, the funds appropriated in subsection 6, paragraph
 25 17 "a", for transfer to the child care and development block
 25 18 grant appropriation are considered fully expended when the
 25 19 full amount has been transferred.

25 20 b. The department shall, on a quarterly basis, advise the
 25 21 legislative services agency and department of management of
 25 22 the amount of funds appropriated in this subsection that was
 25 23 expended in the prior quarter.

Requires the DHS to submit quarterly reports to the LSA and the Department of Management (DOM) regarding expenditures in this section.

25 24 14. Of the amounts appropriated in this section,
 25 25 ~~\$6,481,004~~ \$12,962,008 for the fiscal year beginning July
 25 26 1, 2016, is transferred to the appropriation of the federal
 25 27 social services block grant made to the department of human
 25 28 services for that fiscal year.

Requires \$12,962,008 of the federal TANF funds appropriated in this section to be transferred to the federal Social Services Block Grant appropriation.

DETAIL: This is no change compared to estimated FY 2016.

25 29 15. For continuation of the program providing categorical
 25 30 eligibility for the food assistance program as specified for
 25 31 the program in the section of this division of this 2016 Act
 25 32 relating to the family investment program account:

TANF FY 2017 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is no change compared to estimated FY 2016.

25 33	.....\$	12,500
25 34		<u>25,000</u>

25 35 16. The department may transfer funds allocated in this
 25 36 section to the appropriations made in this division of this
 25 37 Act for the same fiscal year for general administration and
 25 38 field operations for resources necessary to implement and
 25 39 operate the services referred to in this section and those
 26 1 funded in the appropriation made in this division of this Act
 26 2 for the same fiscal year for the family investment program
 26 3 from the general fund of the state.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with TANF-funded programs and the FIP.

26 4 Sec. 7. 2015 Iowa Acts, chapter 137, section 127, is
 26 5 amended to read as follows:

26 6 SEC. 127. FAMILY INVESTMENT PROGRAM ACCOUNT.

26 7 1. Moneys credited to the family investment program
 26 8 (FIP) account for the fiscal year beginning July 1, 2016, and
 26 9 ending June 30, 2017, shall be used to provide assistance in
 26 10 accordance with chapter 239B.

Requires funds credited to the FIP Account for FY 2016 to be used as specified.

26 11 2. The department may use a portion of the moneys credited
 26 12 to the FIP account under this section as necessary for
 26 13 salaries, support, maintenance, and miscellaneous purposes.

Permits the DHS to use FIP funds for various administrative purposes.

26 14 3. The department may transfer funds allocated in
 26 15 subsection 4 to the appropriations made in this division of
 26 16 this Act for the same fiscal year for general administration
 26 17 and field operations for resources necessary to implement and
 26 18 operate the family investment program services referred to in
 26 19 this section and those funded in the appropriation made in
 26 20 this division of this Act for the same fiscal year for the
 26 21 family investment program from the general fund of the state.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with this section.

26 22 4. Moneys appropriated in this division of this Act and
 26 23 credited to the FIP account for the fiscal year beginning July
 26 24 1, 2016, and ending June 30, 2017, are allocated as follows:

Requires the TANF Block Grant funds appropriated to the FIP Account to be allocated as specified.

26 25 a. To be retained by the department of human services to be
 26 26 used for coordinating with the department of human rights to
 26 27 more effectively serve participants in FIP and other shared
 26 28 clients and to meet federal reporting requirements under the
 26 29 federal temporary assistance for needy families block grant:
 26 30\$ 40,000
 26 31 20,000

Allocates \$20,000 to the DHS to be used for administrative services.

DETAIL: This is no change compared to estimated FY 2016.

26 32 b. To the department of human rights for staffing,
 26 33 administration, and implementation of the family development
 26 34 and self-sufficiency grant program in accordance with section
 26 35 216A.107:
 26 36\$ 3,096,417
 26 37 6,192,834

Allocates \$6,192,834 of the FY 2016 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS (Family Development and Self Sufficiency) Grant Program.

DETAIL: This is no change compared to estimated FY 2016.

26 38 (1) Of the funds allocated for the family development
 26 39 and self-sufficiency grant program in this paragraph "b",
 27 1 not more than 5 percent of the funds shall be used for the
 27 2 administration of the grant program.

Specifies that a maximum of 5.00% of the allocation be spent on administration of FaDSS Program grants.

27 3 (2) The department of human rights may continue to
 27 4 implement the family development and self-sufficiency grant
 27 5 program statewide during fiscal year 2016-2017.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2017.

27 6 (3) The department of human rights may engage in activities
 27 7 to strengthen and improve family outcomes measures and

27 8 data collection systems under the family development and
27 9 self-sufficiency grant program.

Allocates \$815,000 of FY 2017 TANF funds for the FIP Diversion Subaccount.

27 10 c. For the diversion subaccount of the FIP account:
27 11\$ 407,500
27 12815,000

DETAIL: This is no change compared to estimated FY 2016.

27 13 A portion of the moneys allocated for the subaccount may
27 14 be used for field operations, salaries, data management
27 15 system development, and implementation costs and support
27 16 deemed necessary by the director of human services in order
27 17 to administer the FIP diversion program. To the extent
27 18 moneys allocated in this paragraph "c" are not deemed by the
27 19 department to be necessary to support diversion activities,
27 20 such moneys may be used for other efforts intended to increase
27 21 engagement by family investment program participants in work,
27 22 education, or training activities.

27 23 d. For the food assistance employment and training
27 24 program:

Allocates \$66,588 of FY 2017 FIP funds to the Food Stamp Employment and Training Program.

27 25\$ 33,294
27 2666,588

DETAIL: This is no change compared to estimated FY 2016.

27 27 (1) The department shall apply the federal supplemental
27 28 nutrition assistance program (SNAP) employment and training
27 29 state plan in order to maximize to the fullest extent
27 30 permitted by federal law the use of the 50 percent federal
27 31 reimbursement provisions for the claiming of allowable federal
27 32 reimbursement funds from the United States department of
27 33 agriculture pursuant to the federal SNAP employment and
27 34 training program for providing education, employment, and
27 35 training services for eligible food assistance program
27 36 participants, including but not limited to related dependent
27 37 care and transportation expenses.

Requires the Department to amend the Food Stamp Employment and Training State Plan to maximize federal matching funds received.

27 38 (2) The department shall continue the categorical federal
27 39 food assistance program eligibility at 160 percent of the
28 1 federal poverty level and continue to eliminate the asset test
28 2 from eligibility requirements, consistent with federal food
28 3 assistance program requirements. The department shall include
28 4 as many food assistance households as is allowed by federal
28 5 law. The eligibility provisions shall conform to all federal
28 6 requirements including requirements addressing individuals who
28 7 are incarcerated or otherwise ineligible.

Requires the DHS to continue Food Assistance Program eligibility to persons with income up to 160.00% of the Federal Poverty Level (FPL). The DHS is to conform to all federal requirements, including requirements addressing individuals that are incarcerated.

28 8 e. For the JOBS program:
28 9\$ 8,770,199
28 1016,129,101

Permits the DHS to allocate \$16,129,101 of the FY 2017 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$1,411,297 compared to estimated

FY 2016 due to declining caseloads.

Requires the federal share of child support collections recovered by the state to be credited to the Child Support Recovery Unit. The remainder of support collected is credited to the FIP Account, and the DHS is permitted to use a portion to increase recoveries and to sustain cash flow in the Child Support Payments Account.

28 11 5. Of the child support collections assigned under FIP,
28 12 an amount equal to the federal share of support collections
28 13 shall be credited to the child support recovery appropriation
28 14 made in this division of this Act. Of the remainder of the
28 15 assigned child support collections received by the child
28 16 support recovery unit, a portion shall be credited to the FIP
28 17 account, a portion may be used to increase recoveries, and a
28 18 portion may be used to sustain cash flow in the child support
28 19 payments account. If as a consequence of the appropriations
28 20 and allocations made in this section the resulting amounts
28 21 are insufficient to sustain cash assistance payments and meet
28 22 federal maintenance of effort requirements, the department
28 23 shall seek supplemental funding. If child support collections
28 24 assigned under FIP are greater than estimated or are otherwise
28 25 determined not to be required for maintenance of effort, the
28 26 state share of either amount may be transferred to or retained
28 27 in the child support payments account.

Permits the DHS to adopt emergency administrative rules for the Family Investment Program, the Food Stamp Program, and the Medical Assistance (Medicaid) Program.

28 28 6. The department may adopt emergency rules for the family
28 29 investment, JOBS, food assistance, and medical assistance
28 30 programs if necessary to comply with federal requirements.

28 31 Sec. 8. 2015 Iowa Acts, chapter 137, section 128, is
28 32 amended to read as follows:

General Fund appropriation to the DHS for the [Family Investment Program \(FIP\)](#), to be credited to the FIP Account. The appropriation for the FIP Account also contains funding for the PROMISE JOBS and FaDSS Programs.

DETAIL: There is no net change from estimated FY 2016.

The appropriation maintains the current FIP payment levels (maximum grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

28 33 SEC. 128. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
28 34 is appropriated from the general fund of the state to the
28 35 department of human services for the fiscal year beginning
28 36 July 1, 2016, and ending June 30, 2017, the following amount,
28 37 or so much thereof as is necessary, to be used for the purpose
28 38 designated:

28 39 To be credited to the family investment program (FIP)
29 1 account and used for family investment program assistance
29 2 under chapter 239B:
29 3 \$ 24,336,937
29 4 48,673,875

General Fund allocation of \$10,553,408 for the PROMISE JOBS Program.

DETAIL: This is an increase of \$3,151,188 compared to estimated FY 2016.

29 5 1. Of the funds appropriated in this section, ~~\$3,701,140~~
29 6 \$10,553,408 is allocated for the JOBS program.

General Fund allocation of \$3,313,854 for the FaDSS Program.

29 7 2. Of the funds appropriated in this section, ~~\$1,656,927~~

29 8 \$3,313,854 is allocated for the family development and
29 9 self-sufficiency grant program.

DETAIL: This is no change compared to the FY 2016 allocation.

29 10 3. Notwithstanding section 8.39, for the fiscal year
29 11 beginning July 1, 2016, if necessary to meet federal
29 12 maintenance of effort requirements; or to transfer federal
29 13 temporary assistance for needy families block grant funding
29 14 to be used for purposes of the federal social services block
29 15 grant; or to meet cash flow needs resulting from delays in
29 16 receiving federal funding; or to implement, in accordance with
29 17 this division of this Act, activities currently funded with
29 18 juvenile court services, county, or community moneys and state
29 19 moneys used in combination with such moneys; to comply with
29 20 federal requirements; or to maximize the use of federal funds,
29 21 the department of human services may transfer funds within
29 22 or between any of the appropriations made in this division
29 23 of this Act and appropriations in law for the federal social
29 24 services block grant to the department for the following
29 25 purposes, provided that the combined amount of state and
29 26 federal temporary assistance for needy families block grant
29 27 funding for each appropriation remains the same before and
29 28 after the transfer:
29 29 a. For the family investment program.
29 30 b. For child care assistance.
29 31 c. For child and family services.
29 32 d. For field operations.
29 33 e. For general administration.
29 34 ~~f. For distribution to counties or regions through the~~
29 35 ~~property tax relief fund for mental health and disability~~
29 36 ~~services as provided in an appropriation for this purpose.~~
29 37 This subsection shall not be construed to prohibit the use
29 38 of existing state transfer authority for other purposes. The
29 39 department shall report any transfers made pursuant to this
30 1 subsection to the legislative services agency.

Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet federal maintenance-of-effort requirements.
DETAIL: In FY 2017, TANF funds will not be transferred to the Social Services Block Grant for the purpose of distribution to counties or regions through the Property Tax Relief Fund for mental health and disability services.

30 2 4. Of the funds appropriated in this section, ~~\$97,839~~
30 3 ~~\$195,678~~ shall be used for continuation of a grant to an
30 4 Iowa-based nonprofit organization with a history of providing
30 5 tax preparation assistance to low-income Iowans in order to
30 6 expand the usage of the earned income tax credit. The purpose
30 7 of the grant is to supply this assistance to underserved areas
30 8 of the state.

General Fund allocation of \$195,678 to provide tax preparation assistance for low-income Iowans.

DETAIL: This is no change compared to the FY 2016 allocation.

30 9 5. Of the funds appropriated in this section, ~~\$30,000~~
30 10 ~~\$60,000~~ shall be used for the continuation of an unfunded
30 11 pilot project, as defined in 441 IAC 100.1, relating to
30 12 parental obligations, in which the child support recovery

General Fund allocation of \$60,000 for a Fatherhood Initiative Pilot Project.

DETAIL: This is no change compared to the FY 2016 allocation.

30 13 unit participates, to support the efforts of a nonprofit
 30 14 organization committed to strengthening the community through
 30 15 youth development, healthy living, and social responsibility
 30 16 headquartered in a county with a population over 350,000.
 30 17 The funds allocated in this subsection shall be used by
 30 18 the recipient organization to develop a larger community
 30 19 effort, through public and private partnerships, to support
 30 20 a broad-based multi-county fatherhood initiative that
 30 21 promotes payment of child support obligations, improved family
 30 22 relationships, and full-time employment.

30 23 6. The department may transfer funds appropriated in
 30 24 this section to the appropriations made in this division of
 30 25 this Act for general administration and field operations as
 30 26 necessary to administer this section and the overall family
 30 27 investment program.

Permits the DHS to transfer funds appropriated in this section for General Administration and Field Operations when necessary to administer the FIP.

30 28 Sec. 9. 2015 Iowa Acts, chapter 137, section 129, is
 30 29 amended to read as follows:

30 30 SEC. 129. CHILD SUPPORT RECOVERY. There is appropriated
 30 31 from the general fund of the state to the department of human
 30 32 services for the fiscal year beginning July 1, 2016, and
 30 33 ending June 30, 2017, the following amount, or so much thereof
 30 34 as is necessary, to be used for the purposes designated:

30 35 For child support recovery, including salaries, support,
 30 36 maintenance, and miscellaneous purposes, and for not more than
 30 37 the following full-time equivalent positions:

30 38	.....	\$	7,331,686
30 39	.....		<u>14,663,373</u>
31 1	.....	FTEs	464.00

General Fund appropriation to the DHS for the [Child Support Recovery Unit](#).

DETAIL: This is no change in funding and an increase of 5.00 FTEs compared to estimated FY 2016. The increase restores FTE positions to the level authorized in FY 2016.

31 2 1. The department shall expend up to ~~\$12,164~~ \$24,329,
 31 3 including federal financial participation, for the fiscal year
 31 4 beginning July 1, 2016, for a child support public awareness
 31 5 campaign. The department and the office of the attorney
 31 6 general shall cooperate in continuation of the campaign. The
 31 7 public awareness campaign shall emphasize, through a variety
 31 8 of media activities, the importance of maximum involvement of
 31 9 both parents in the lives of their children as well as the
 31 10 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2017 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: This is no change compared to the FY 2016 allocation.

31 11 2. Federal access and visitation grant moneys shall be
 31 12 issued directly to private not-for-profit agencies that
 31 13 provide services designed to increase compliance with the
 31 14 child access provisions of court orders, including but not
 31 15 limited to neutral visitation sites and mediation services.

Specifies the process for utilization of receipts from federal Access and Visitation Grants.

31 16 3. The appropriation made to the department for child
 31 17 support recovery may be used throughout the fiscal year in the
 31 18 manner necessary for purposes of cash flow management, and for
 31 19 cash flow management purposes the department may temporarily
 31 20 draw more than the amount appropriated, provided the amount
 31 21 appropriated is not exceeded at the close of the fiscal year.

Permits the DHS to use the appropriation as necessary and draw more than appropriated if needed to solve any cash flow problems, provided the amount appropriated is not exceeded at the end of the fiscal year.

31 22 4. With the exception of the funding amount specified,
 31 23 the requirements established under 2001 Iowa Acts, chapter
 31 24 191, section 3, subsection 5, paragraph "c", subparagraph (3),
 31 25 shall be applicable to parental obligation pilot projects
 31 26 for the fiscal year beginning July 1, 2016, and ending June
 31 27 30, 2017. Notwithstanding 441 IAC 100.8, providing for
 31 28 termination of rules relating to the pilot projects, the rules
 31 29 shall remain in effect until June 30, 2017.

Specifies that the Department is to continue to operate the Child Support Recovery Unit under the guidelines established in HF 732 (FY 2002 Health and Human Services Appropriations Act).

31 30 Sec. 10. 2015 Iowa Acts, chapter 137, section 132, is
 31 31 amended to read as follows:

31 32 SEC. 132. MEDICAL ASSISTANCE. There is appropriated from
 31 33 the general fund of the state to the department of human
 31 34 services for the fiscal year beginning July 1, 2016, and
 31 35 ending June 30, 2017, the following amount, or so much thereof
 31 36 as is necessary, to be used for the purpose designated:

31 37 For medical assistance program reimbursement and
 31 38 associated costs as specifically provided in the reimbursement
 31 39 methodologies in effect on June 30, 2016, except as otherwise
 32 1 expressly authorized by law, consistent with options under
 32 2 federal law and regulations, and contingent upon receipt of
 32 3 approval from the office of the governor of reimbursement for
 32 4 each abortion performed under the program:

32 5 \$ 651,595,782
 32 6 1,318,246,446

General Fund appropriation to the DHS for the [Medicaid Program](#).

DETAIL: This is a net increase of \$15,054,882 compared to estimated FY 2016. The changes include:

- An increase of \$88,500,000 to fund Medicaid at the Forecasting Group consensus estimate.
- An increase of \$9,000,000 due to an adjustment to the estimates for drug rebate savings.
- An increase of \$2,200,000 for a 1.00% provider rate increase for Community Based Providers.
- An increase of \$2,000,000 to increase the number of slots available for the Home and Community-Based Services (HCBS) waivers.
- An increase of \$1,000,000 to increase reimbursement rates for Home Health Providers.
- A decrease of \$1,000,000 to require the UI to provide matching funds for the Disproportionate Share Hospital (DSH) payment.
- A decrease of \$5,000,000 due to an adjustment to the way the Federal Medical Assistance Match (FMAP) is accounted.
- A decrease of \$7,228,408 to adjust projections to the DHS enrollment estimate.
- A decrease of \$10,000,000 due to a timing adjustment for the 2.0% incentive payment to the Managed Care Organizations (MCOs).
- A decrease of \$16,772,391 due to process improvement changes by the DHS.
- A decrease of \$18,144,319 to reallocate funds directly to the Independence and Cherokee Mental Health Institutes (MHIs).

- A decrease of \$29,500,000 to fund Medicaid at the Governor's recommended level.

32 7 1. Iowans support reducing the number of abortions
32 8 performed in our state. Funds appropriated under this section
32 9 shall not be used for abortions, unless otherwise authorized
32 10 under this section.

Specifies conditions that permit the Medical Assistance Program to reimburse providers for abortion services.

32 11 2. The provisions of this section relating to abortions
32 12 shall also apply to the Iowa health and wellness plan created
32 13 pursuant to chapter 249N.

Specifies that the policy on abortion also applies to the Iowa Health and Wellness Program.

32 14 3. The department shall utilize not more than ~~\$30,000~~
32 15 \$60,000 of the funds appropriated in this section to continue
32 16 the AIDS/HIV health insurance premium payment program as
32 17 established in 1992 Iowa Acts, Second Extraordinary Session,
32 18 chapter 1001, section 409, subsection 6. Of the funds
32 19 allocated in this subsection, not more than ~~\$2,500~~ \$5,000 may
32 20 be expended for administrative purposes.

Requires the DHS to use a maximum of \$60,000 of the funds appropriated for Medical Assistance to continue the AIDS/HIV Health Insurance Premium Payment as established during the 1992 Second Extraordinary Session. Administrative costs are limited to \$5,000.

DETAIL: This is no change compared to the FY 2016 allocation.

32 21 4. Of the funds appropriated in this Act to the
32 22 department of public health for addictive disorders,
32 23 ~~\$475,000~~ \$950,000 for the fiscal year beginning July 1,
32 24 2016, is transferred to the department of human services
32 25 for an integrated substance-related disorder managed care
32 26 system. The department shall not assume management of the
32 27 substance-related disorder system in place of the managed care
32 28 contractor unless such a change in approach is specifically
32 29 authorized in law. The departments of human services and
32 30 public health shall work together to maintain the level
32 31 of mental health and substance-related disorder treatment
32 32 services provided by the managed care ~~contractor through the~~
32 33 ~~Iowa plan for behavioral health contractors~~. Each department
32 34 shall take the steps necessary to continue the federal waivers
32 35 as necessary to maintain the level of services.

Requires that \$950,000 of the Addictive Disorders appropriation for Substance Abuse Grants to the DPH be transferred to the Medical Assistance Program in the DHS for continuation of the Managed Substance Abuse Treatment Program.

DETAIL: This is no change compared to the FY 2016 allocation. The Managed Substance Abuse Treatment Program was funded for the first time in FY 1996.

32 36 5. a. The department shall aggressively pursue options
32 37 for providing medical assistance or other assistance to
32 38 individuals with special needs who become ineligible to
32 39 continue receiving services under the early and periodic
33 1 screening, diagnostic, and treatment program under the
33 2 medical assistance program due to becoming 21 years of age
33 3 who have been approved for additional assistance through the
33 4 department's exception to policy provisions, but who have
33 5 health care needs in excess of the funding available through
33 6 the exception to policy provisions.
33 7 b. Of the funds appropriated in this section, ~~\$50,000~~

Requires the DHS to aggressively pursue options for assisting special needs individuals that become ineligible for continued services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program as a result of turning 21 years of age. The individuals are to have been approved for additional assistance through the DHS exception to policy process but have health care needs exceeding available funding. This section requires the Department to allocate \$100,000 to fund one or more pilot projects focused on providing care in the community.

DETAIL: This is no change compared to the FY 2016 allocation.

33 8 \$100,000 shall be used for participation in one or more
 33 9 pilot projects operated by a private provider to allow the
 33 10 individual or individuals to receive service in the community
 33 11 in accordance with principles established in *Olmstead v.*
 33 12 *L.C.*, 527 U.S.581 (1999), for the purpose of providing
 33 13 medical assistance or other assistance to individuals with
 33 14 special needs who become ineligible to continue receiving
 33 15 services under the early and periodic screening, diagnostic,
 33 16 and treatment program under the medical assistance program
 33 17 due to becoming 21 years of age who have been approved for
 33 18 additional assistance through the department's exception to
 33 19 policy provisions, but who have health care needs in excess
 33 20 of the funding available through the exception to the policy
 33 21 provisions.

33 22 6. Of the funds appropriated in this section, up to
 33 23 ~~\$1,525,044~~ \$3,050,082 may be transferred to the field
 33 24 operations or general administration appropriations in this
 33 25 division of this Act for operational costs associated with
 33 26 Part D of the federal Medicare Prescription Drug Improvement
 33 27 and Modernization Act of 2003, Pub.L.No.108-173.

Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application processes.

DETAIL: This is no change compared to the FY 2016 allocation.

33 28 7. Of the funds appropriated in this section, up to
 33 29 ~~\$221,050~~ \$442,100 may be transferred to the appropriation in
 33 30 this division of this Act for medical contracts to be used
 33 31 for clinical assessment services and prior authorization of
 33 32 services.

Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services.

DETAIL: This is no change compared to the FY 2016 allocation.

33 33 8. A portion of the funds appropriated in this section
 33 34 may be transferred to the appropriations in this division of
 33 35 this Act for general administration, medical contracts, the
 33 36 children's health insurance program, or field operations to
 33 37 be used for the state match cost to comply with the payment
 33 38 error rate measurement (PERM) program for both the medical
 33 39 assistance and children's health insurance programs as
 34 1 developed by the centers for Medicare and Medicaid services
 34 2 of the United States department of health and human services
 34 3 to comply with the federal Improper Payments Information Act
 34 4 of 2002, Pub.L.No.107-300.

Permits the DHS to use a portion of the funds appropriated to carry out the Payment Error Rate Measurement (PERM) Program. This continues the DHS compliance with the federal Improper Payments Information Act of 2002.

34 5 9. The department shall continue to implement the
 34 6 recommendations of the assuring better child health and
 34 7 development initiative II (ABCDII) clinical panel to the
 34 8 Iowa early and periodic screening, diagnostic, and treatment
 34 9 services healthy mental development collaborative board
 34 10 regarding changes to billing procedures, codes, and eligible
 34 11 service providers.

Specifies legislative intent that the DHS continue to implement the recommendations of the Assuring Better Child Health and Development (ABCD II) Clinical Panel for changes to billing procedures, codes, and eligible service providers.

34 12 10. Of the funds appropriated in this section, a sufficient
 34 13 amount is allocated to supplement the incomes of residents of
 34 14 nursing facilities, intermediate care facilities for persons
 34 15 with mental illness, and intermediate care facilities for
 34 16 persons with an intellectual disability, with incomes of
 34 17 less than \$50 in the amount necessary for the residents to
 34 18 receive a personal needs allowance of \$50 per month pursuant
 34 19 to section 249A.30A.

Requires the DHS to provide residents in nursing facilities (ICF/IDs and ICF/MIs) with a personal needs allowance of \$50 per month.

DETAIL: This is no change compared to the FY 2016 allowance.

34 20 ~~—11. Of the funds appropriated in this section, the~~
 34 21 ~~following amounts are transferred to the appropriations made~~
 34 22 ~~in this division of this Act for the state mental health~~
 34 23 ~~institutes:~~
 34 24 ~~—a. Cherokee mental health institute \$4,549,212~~
 34 25 ~~—b. Independence mental health institute \$4,522,947~~

Eliminates the transfer of Medicaid funds to the Mental Health Institutes (MHIs).

DETAIL: Funds will be appropriated directly to the MHIs at Cherokee and Independence. There is no overall change in funding to the two Institutions.

34 26 12. a. Of the funds appropriated in this section,
 34 27 ~~\$2,041,939~~ \$3,000,000 is allocated for the state match for
 34 28 a disproportionate share hospital payment of ~~\$4,544,742~~
 34 29 \$6,861,848 to hospitals that meet both of the conditions
 34 30 specified in subparagraphs (1) and (2). In addition, the
 34 31 hospitals that meet the conditions specified shall either
 34 32 certify public expenditures or transfer to the medical
 34 33 assistance program an amount equal to provide the nonfederal
 34 34 share for a disproportionate share hospital payment of
 34 35 ~~\$8,772,003~~ \$19,771,582. The hospitals that meet the
 34 36 conditions specified shall receive and retain 100 percent
 34 37 of the total disproportionate share hospital payment of
 34 38 ~~\$13,316,745~~ \$26,633,430.

Allocates \$3,000,000 of Medicaid funds for the state match for the Disproportionate Share Hospital (DSH) payment of \$6,861,848. In addition, the UIHC is to either use Certified Public Expenditures or transfer \$19,771,582 to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment of \$26,633,430.

34 39 (1) The hospital qualifies for disproportionate share and
 35 1 graduate medical education payments.

35 2 (2) The hospital is an Iowa state-owned hospital with more
 35 3 than 500 beds and eight or more distinct residency specialty
 35 4 or subspecialty programs recognized by the American college
 35 5 of graduate medical education.

35 6 b. Distribution of the disproportionate share payments
 35 7 shall be made on a monthly basis. The total amount of
 35 8 disproportionate share payments including graduate medical
 35 9 education, enhanced disproportionate share, and Iowa
 35 10 state-owned teaching hospital payments shall not exceed the
 35 11 amount of the state's allotment under Pub.L.No.102-234.
 35 12 In addition, the total amount of all disproportionate
 35 13 share payments shall not exceed the hospital-specific
 35 14 disproportionate share limits under Pub.L.No.103-66.

Specifies that the DSH payments are to be distributed on a monthly basis and the DSH payments are not to exceed the federal limit.

35 15 c. The university of Iowa hospitals and clinics shall

Requires the UIHC to use Certified Public Expenditures or transfer

35 16 either certify public expenditures or transfer to the
 35 17 appropriations made in this division of this Act for medical
 35 18 assistance an amount equal to provide the nonfederal share
 35 19 for increased medical assistance payments for inpatient and
 35 20 outpatient hospital services of ~~\$4,950,000~~ \$9,900,000. The
 35 21 university of Iowa hospitals and clinics shall receive and
 35 22 retain 100 percent of the total increase in medical assistance
 35 23 payments.

funds to the Medicaid Program to fund the nonfederal share for increased Medicaid payments for inpatient and outpatient services of \$9,900,000. The UIHC will retain 100.00% of the increased Medicaid payments.

35 24 d. Payment methodologies utilized for disproportionate
 35 25 share hospitals and graduate medical education, and other
 35 26 supplemental payments under the Medicaid program may be
 35 27 adjusted or converted to other methodologies or payment types
 35 28 to provide these payments ~~through Medicaid managed care after~~
 35 29 April 1, 2016. The department of human services shall obtain
 35 30 approval from the centers for Medicare and Medicaid services
 35 31 of the United States department of health and human services
 35 32 prior to implementation of any such adjusted or converted
 35 33 methodologies or payment types.

Specifies that methodologies used for DSH, Graduate Medical Education (GME), and other supplemental payments under the Medicaid Program may be adjusted or converted to other methodologies or payment types to provide these payments after the implementation of managed care.

35 34 13. One hundred percent of the nonfederal share of payments
 35 35 to area education agencies that are medical assistance
 35 36 providers for medical assistance-covered services provided to
 35 37 medical assistance-covered children, shall be made from the
 35 38 appropriation made in this section.

Allocates Medicaid funds to Area Education Agencies.

35 39 ~~14. Any new or renewed contract entered into by the~~
 36 1 ~~department with a third party to administer services under the~~
 36 2 ~~medical assistance program shall provide that any interest~~
 36 3 ~~earned on payments from the state during the state fiscal year~~
 36 4 ~~shall be remitted to the department and treated as recoveries~~
 36 5 ~~to offset the costs of the medical assistance program.~~

Strikes language that requires any new or renewed third-party contract for behavioral health services to return to DHS the interest earned during the fiscal year on payments from the state.

36 6 15. A portion of the funds appropriated in this section
 36 7 may be transferred to the appropriation in this division of
 36 8 this Act for medical contracts to be used for administrative
 36 9 activities associated with the money follows the person
 36 10 demonstration project.

Specifies that a portion of the Medicaid funding may be transferred to Medical Contracts for administrative activities related to the Money Follows the Person Demonstration Project.

36 11 16. Of the funds appropriated in this section, ~~\$174,505~~
 36 12 \$349,011 shall be used for the administration of the health
 36 13 insurance premium payment program, including salaries,
 36 14 support, maintenance, and miscellaneous purposes.

Allocates \$349,011 to the Health Insurance Premium Payment Program.

DETAIL: This is no change compared to the FY 2016 allocation.

36 15 17. a. The department may increase the amounts allocated
 36 16 for salaries, support, maintenance, and miscellaneous purposes
 36 17 associated with the medical assistance program, as necessary,
 36 18 to implement cost containment strategies. The department

Permits the DHS to increase amounts allocated for staff to implement the cost containment strategies in this Division.

DETAIL: The Department is required to report any increase to the LSA

36 19 shall report any such increase to the legislative services	and the DOM.
36 20 agency and the department of management.	
36 21 b. If the savings to the medical assistance program	Permits the DHS to transfer funds to Medical Contracts or General
36 22 from cost containment efforts exceed the cost for the	Administration to hire additional staff to implement the cost containment
36 23 fiscal year beginning July 1, 2016, the department may	strategies for FY 2017.
36 24 transfer any savings generated for the fiscal year due to	
36 25 medical assistance program cost containment efforts to the	
36 26 appropriation made in this division of this Act for medical	
36 27 contracts or general administration to defray the increased	
36 28 contract costs associated with implementing such efforts.	
36 29 18. For the fiscal year beginning July 1, 2016, and	Allocates approximately \$980,730 in funding from the replacement
36 30 ending June 30, 2017, the replacement generation tax revenues	generation tax revenues to the Medicaid Program.
36 31 required to be deposited in the property tax relief fund	
36 32 pursuant to section 437A.8, subsection 4, paragraph "d", and	DETAIL: This is no change compared to the FY 2016 allocation.
36 33 section 437A.15, subsection 3, paragraph "f", shall instead	
36 34 be credited to and supplement the appropriation made in this	
36 35 section and used for the allocations made in this section.	
36 36 19. The department shall continue to administer the state	Eliminates the requirement for DHS to administer the State Balancing
36 37 balancing incentive payments program as specified in 2012 Iowa	Incentive Payment Program (BIPP) as specified in SF 2336 (FY 2013
36 38 Acts, chapter 1133, section 14.	Health and Human Services Appropriations Act). The federal funding
	for this Program has expired.
36 39 20. a. Of the funds appropriated in this section, up	Allows the DHS to transfer up to \$50,000 to be used for administrative
37 1 to \$25,000 <u>\$50,000</u> may be transferred by the department to	expenses related to the implementation of Children's Mental Health
37 2 the appropriation made in this division of this Act to the	Homes.
37 3 department for the same fiscal year for general administration	
37 4 to be used for associated administrative expenses and for not	DETAIL: This is no change compared to the FY 2016 allocation.
37 5 more than one full-time equivalent position, in addition to	
37 6 those authorized for the same fiscal year, to be assigned to	
37 7 implementing the <u>children's mental health home</u> project.	
37 8 b. Of the funds appropriated in this section, up to	Permits the DHS to transfer up to \$400,000 to be used for
37 9 \$200,000 <u>\$400,000</u> may be transferred by the department to the	administrative support to implement Mental Health Redesign and the
37 10 appropriation made to the department in this division of this	Balancing Incentive Payment Program (BIPP).
37 11 Act for the same fiscal year for Medicaid program-related	
37 12 general administration planning and implementation activities.	DETAIL: This is no change compared to the FY 2016 allocation.
37 13 The funds may be used for contracts or for personnel in	
37 14 addition to the amounts appropriated for and the positions	
37 15 authorized for general administration for the fiscal year.	
37 16 c. Of the funds appropriated in this section, up to	Permits the DHS to transfer up to \$3,000,000 to be used for the
37 17 \$1,500,000 <u>\$3,000,000</u> may be transferred by the department	implementation of standardized assessment tools for persons with
37 18 to the appropriations made in this division of this Act	mental illness, intellectual disabilities, and developmental disabilities.
37 19 for the same fiscal year for general administration or	
37 20 medical contracts to be used to support the development	DETAIL: This is no change compared to the FY 2016 allocation.

37 21 and implementation of standardized assessment tools for
37 22 persons with mental illness, an intellectual disability, a
37 23 developmental disability, or a brain injury.

37 24 21. Of the funds appropriated in this section, ~~\$125,000~~
37 25 ~~\$250,000~~ shall be used for lodging expenses associated with
37 26 care provided at the university of Iowa hospitals and clinics
37 27 for patients with cancer whose travel distance is 30 miles
37 28 or more and whose income is at or below 200 percent of the
37 29 federal poverty level as defined by the most recently revised
37 30 poverty income guidelines published by the United States
37 31 department of health and human services. The department of
37 32 human services shall establish the maximum number of overnight
37 33 stays and the maximum rate reimbursed for overnight lodging,
37 34 which may be based on the state employee rate established
37 35 by the department of administrative services. The funds
37 36 allocated in this subsection shall not be used as nonfederal
37 37 share matching funds.

Allocates \$250,000 to the UIHC to be used for overnight lodging for IowaCare cancer patients who travel 30 miles or more to receive treatment.

DETAIL: This is no change compared to the FY 2016 allocation.

37 38 23. The department of human services shall not implement
37 39 the following cost containment strategies as recommended by
38 1 the governor for the fiscal year beginning July 1, 2016:
38 2 a. A policy to ensure that reimbursement for Medicare
38 3 Part A and Medicare Part B crossover claims is limited to the
38 4 Medicaid reimbursement rate.
38 5 b. An adjustment to the reimbursement policy in order
38 6 to end the primary care physician rate increase originally
38 7 authorized by the federal Health Care and Education
38 8 Reconciliation Act of 2010, section 1202, Pub.L. No.111-152,
38 9 42 U.S.C. §1396a(a)(13)(C) that allows qualified primary care
38 10 physicians to receive the greater of the Medicare rate or
38 11 Medicaid rate for a specified set of codes.

Prohibits the DHS from implementing the cost containment strategies that would realign Medicaid reimbursement for physicians with Medicare rates and measures related to dual eligible crossover claims.

38 12 24. The department shall report the implementation of
38 13 any cost containment strategies to the individuals specified
38 14 in this division of this Act for submission of reports upon
38 15 implementation.

Requires the DHS to report on the implementation of the cost containment strategies.

38 16 25. The department shall report the implementation of any
38 17 improved processing changes and any related cost reductions
38 18 to the individuals specified in this division of this Act for
38 19 submission of reports upon implementation.

Requires the DHS to report on any process improvement changes implemented.

DETAIL: The Governor proposed \$16,772,391 in savings related to Medicaid process improvements, but no detail has been provided on how these savings will be achieved.

38 20 26. Of the funds appropriated in this section, \$2,000,000
38 21 shall be used to implement reductions in the waiting lists
38 22 of all medical assistance home and community-based services

Allocates \$2,000,000 to reduce the Medicaid HCBS waiver waiting lists.

38 23 waivers.

DETAIL: This is a new allocation for FY 2017. As of April 2016, there were 11,632 individuals on the HCBS waiting list. The additional funding will reduce the number of individuals on the list by approximately 1,400 individuals.

38 24 27. The department shall submit a report to the individuals
 38 25 identified in this Act for submission of reports, regarding
 38 26 the impact of changes in home and community-based services
 38 27 waiver supported employment and prevocational services by
 38 28 December 15, 2016.

Requires the DHS to report regarding the impact of changes in supported employment and prevocational services. The report is due to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, legislative caucus staff, and the LSA by December 15, 2016.

38 29 28. Any dental benefit manager contracting with the
 38 30 department of human services for the dental wellness plan
 38 31 on or after July 1, 2016, shall meet the same contract
 38 32 requirements. Readiness review of such a dental benefit
 38 33 manager shall be based on the criteria applicable to the
 38 34 dental wellness plan when implemented on May 1, 2014,
 38 35 including but not limited to network adequacy, access to
 38 36 services, performance measures, benefit design, and other
 38 37 requirements as determined by the department for the dental
 38 38 wellness program. Any dental benefit manager that has been
 38 39 approved by a readiness review prior to July 1, 2016, shall
 39 1 not be required to repeat such review for the department.

Requires all dental benefit managers contracting with the DHS under the Dental Wellness Program in FY 2017 to meet the same contract requirements. Specifies readiness reviews are to be based on the May 1, 2014, criteria. Any current dental benefits manager is not subject to a new readiness review.

39 2 29. The department of human services shall review the
 39 3 fiscal impact and potential benefit to Medicaid recipients of
 39 4 including single-tablet regimens or long-acting alternatives
 39 5 for the treatment of HIV or acquired immune deficiency
 39 6 syndrome on the preferred drug list, as an alternative
 39 7 to multi-tablet regimens. The department shall identify
 39 8 opportunities to align the cost of single-tablet regimens for
 39 9 the treatment of HIV or acquired immune deficiency syndrome
 39 10 with the corresponding multi-tablet regimens, and shall pursue
 39 11 manufacturer supplemental rebate offers through the sovereign
 39 12 states drug consortium supplemental rebate negotiation process
 39 13 to determine if any supplemental rebate opportunities are
 39 14 available for calendar year 2018. If such opportunities
 39 15 are available, the department shall implement any such
 39 16 supplemental rebate offer opportunities beginning in calendar
 39 17 year 2018.

Requires the DHS to review the benefit and impact of adding single tablet regimens or long-acting alternatives for the treatment of HIV or AIDS to the preferred drug list. The DHS is also required to pursue supplemental rebates from manufacturers and implement any rebates available beginning calendar year 2018.

39 18 Sec. 11. 2015 Iowa Acts, chapter 137, section 133, is
 39 19 amended to read as follows:

39 20 SEC. 133. MEDICAL CONTRACTS. There is appropriated from
 39 21 the general fund of the state to the department of human

General Fund appropriation to Medical Contracts.

39 22 services for the fiscal year beginning July 1, 2016, and
 39 23 ending June 30, 2017, the following amount, or so much thereof
 39 24 as is necessary, to be used for the purpose designated:
 39 25 For medical contracts:
 39 26\$ 9,806,982
 39 2717,045,964

DETAIL: This is a decrease of \$2,568,000 compared to estimated FY 2016. The changes include:

- An increase of \$702,176 to replace one-time funding from the Pharmaceutical Settlement Account.
- A decrease of \$1,268,000 due to a transfer of funds available from the Autism Support Program Fund to Medicaid Contracts.
- A decrease of \$2,002,176 due to savings related to the implementation of managed care.

39 28 1. The department of inspections and appeals shall
 39 29 provide all state matching funds for survey and certification
 39 30 activities performed by the department of inspections
 39 31 and appeals. The department of human services is solely
 39 32 responsible for distributing the federal matching funds for
 39 33 such activities.

Requires the Department of Inspections and Appeals (DIA) to provide the state matching funds for survey and certification activities.

39 34 2. Of the funds appropriated in this section, ~~\$25,000~~
 39 35 \$50,000 shall be used for continuation of home and
 39 36 community-based services waiver quality assurance programs,
 39 37 including the review and streamlining of processes and
 39 38 policies related to oversight and quality management to meet
 39 39 state and federal requirements.

Allocates \$50,000 for an HCBS Waiver Quality Assurance Program to review and streamline processes and policies related to oversight.

DETAIL: This is no change compared to the FY 2016 allocation.

40 1 3. Of the amount appropriated in this section, up to
 40 2 ~~\$100,000~~ \$200,000 may be transferred to the appropriation
 40 3 for general administration in this division of this Act
 40 4 to be used for additional full-time equivalent positions
 40 5 in the development of key health initiatives such as cost
 40 6 containment, development and oversight of managed care
 40 7 programs, and development of health strategies targeted toward
 40 8 improved quality and reduced costs in the Medicaid program.

Permits up to \$200,000 to be transferred to the DHS General Administration to hire additional FTE positions to implement cost containment or managed care oversight initiatives.

DETAIL: This is no change compared to the FY 2016 allocation.

40 9 4. Of the funds appropriated in this section, ~~\$500,000~~
 40 10 \$1,000,000 shall be used for planning and development,
 40 11 in cooperation with the department of public health, of a
 40 12 phased-in program to provide a dental home for children.

Allocates \$1,000,000 for the I-Smile Program.

DETAIL: This is no change compared to the FY 2016 allocation.

40 13 5. Of the funds appropriated in this section, ~~\$1,000,000~~
 40 14 \$2,000,000 shall be credited to the autism support program
 40 15 fund created in section 225D.2 to be used for the autism
 40 16 support program created in chapter 225D, with the exception of
 40 17 the following amounts of this allocation which shall be used
 40 18 as follows:

Allocates \$2,000,000 for an Autism Treatment Program.

DETAIL: This is no change compared to the estimated FY 2016 allocation. This Program was new in FY 2014, and the funds are to be used to provide Applied Behavioral Analysis and other treatment for children that do not qualify for Medicaid or private insurance autism coverage.

40 19 a. Of the funds allocated in this subsection, ~~\$125,000~~

Allocates \$250,000 from the \$2,000,000 Autism allocation for a board-

40 20 ~~\$250,000~~ shall be deposited in the board-certified behavior
 40 21 analyst and board-certified assistant behavior analyst grants
 40 22 program fund created in section 135.181, ~~as enacted in this~~
 40 23 ~~Act~~, to be used for the purposes of the fund.

certified behavioral analyst and assistant grant program.

DETAIL: This is no change compared to the FY 2016 allocation.

40 24 b. Of the funds allocated in this subsection, ~~\$12,500~~
 40 25 ~~\$25,000~~ shall be used for the public purpose of continuation
 40 26 of a grant to a child welfare services provider headquartered
 40 27 in a county with a population between 205,000 and 215,000 in
 40 28 the latest certified federal census that provides multiple
 40 29 services including but not limited to a psychiatric medical
 40 30 institution for children, shelter, residential treatment,
 40 31 after school programs, school-based programming, and an
 40 32 Asperger's syndrome program, to be used for support services
 40 33 for children with autism spectrum disorder and their families.

Allocates \$25,000 from the \$2,000,000 Autism allocation to Four Oaks
 for various autism spectrum disorder services.

DETAIL: This is no change compared to the FY 2016 allocation.

40 34 c. Of the funds allocated in this subsection, ~~\$12,500~~
 40 35 ~~\$25,000~~ shall be used for the public purpose of continuing a
 40 36 grant to a hospital-based provider headquartered in a county
 40 37 with a population between 90,000 and 95,000 in the latest
 40 38 certified federal census that provides multiple services
 40 39 including but not limited to diagnostic, therapeutic, and
 41 1 behavioral services to individuals with autism spectrum
 41 2 disorder across one's lifespan. The grant recipient shall
 41 3 utilize the funds to continue the pilot project to determine
 41 4 the necessary support services for children with autism
 41 5 spectrum disorder and their families to be included in the
 41 6 children's disabilities services system. The grant recipient
 41 7 shall submit findings and recommendations based upon the
 41 8 results of the pilot project to the individuals specified
 41 9 in this division of this Act for submission of reports by
 41 10 December 31, ~~2015~~ 2016.

Allocates \$25,000 from the \$2,000,000 Autism allocation to a hospital-
 based provider in Dubuque County for support services for children
 with autism spectrum disorder and their families.

DETAIL: This is no change compared to the FY 2016 allocation.

41 11 Sec. 12. 2015 Iowa Acts, chapter 137, section 134, is
 41 12 amended to read as follows:

41 13 SEC. 134. STATE SUPPLEMENTARY ASSISTANCE.

41 14 1. There is appropriated from the general fund of the
 41 15 state to the department of human services for the fiscal
 41 16 year beginning July 1, 2016, and ending June 30, 2017, the
 41 17 following amount, or so much thereof as is necessary, to be
 41 18 used for the purpose designated:

41 19 For the state supplementary assistance program:

41 20	..... \$	6,498,593
41 21		<u>11,611,442</u>

General Fund appropriation to the DHS for [State Supplementary Assistance](#).

DETAIL: This is a decrease of \$1,385,745 compared to estimated FY
 2016 due to lower caseloads.

41 22 2. The department shall increase the personal needs
 41 23 allowance for residents of residential care facilities by the

Requires the DHS to increase the personal needs allowance of
 residential care facility residents at the same rate and time as federal

41 24 same percentage and at the same time as federal supplemental
 41 25 security income and federal social security benefits are
 41 26 increased due to a recognized increase in the cost of living.
 41 27 The department may adopt emergency rules to implement this
 41 28 subsection.

Supplemental Security Income (SSI) and Social Security benefits are increased. Permits the DHS to adopt emergency rules for implementation.

41 29 3. If during the fiscal year beginning July 1, 2016,
 41 30 the department projects that state supplementary assistance
 41 31 expenditures for a calendar year will not meet the federal
 41 32 pass-through requirement specified in Tit.XVI of the federal
 41 33 Social Security Act, section 1618, as codified in 42 U.S.C.
 41 34 §1382g, the department may take actions including but not
 41 35 limited to increasing the personal needs allowance for
 41 36 residential care facility residents and making programmatic
 41 37 adjustments or upward adjustments of the residential care
 41 38 facility or in-home health-related care reimbursement rates
 41 39 prescribed in this division of this Act to ensure that federal
 42 1 requirements are met. In addition, the department may make
 42 2 other programmatic and rate adjustments necessary to remain
 42 3 within the amount appropriated in this section while ensuring
 42 4 compliance with federal requirements. The department may
 42 5 adopt emergency rules to implement the provisions of this
 42 6 subsection.

Permits the DHS to adjust rates for State Supplementary Assistance to meet federal MOE requirements. Permits the DHS to adopt emergency rules for implementation.

42 7 Sec. 13. 2015 Iowa Acts, chapter 137, section 135, is
 42 8 amended to read as follows:

42 9 SEC. 135. CHILDREN'S HEALTH INSURANCE PROGRAM.

General Fund appropriation to the DHS for the [Children's Health Insurance Program](#), also known as the hawk-i Program.

42 10 1. There is appropriated from the general fund of the
 42 11 state to the department of human services for the fiscal
 42 12 year beginning July 1, 2016, and ending June 30, 2017, the
 42 13 following amount, or so much thereof as is necessary, to be
 42 14 used for the purpose designated:

DETAIL: This is a net decrease of \$11,237,192 compared to estimated FY 2016. The changes include:

42 15 For maintenance of the healthy and well kids in Iowa
 42 16 (hawk-i) program pursuant to chapter 514I, including
 42 17 supplemental dental services, for receipt of federal financial
 42 18 participation under Tit.XXI of the federal Social Security
 42 19 Act, which creates the children's health insurance program:
 42 20 \$ ~~10,206,922~~
 42 21 9,176,652

- An increase of \$371,949 due to increased cost of services and program growth.
- A decrease of \$3,768,657 due to savings related to managed care.
- A decrease of \$7,840,484 due to a 23.00% FMAP increase provided under the federal Affordable Care Act (ACA) and a decrease in the regular federal FMAP rate.

42 22 2. Of the funds appropriated in this section, ~~\$21,400~~
 42 23 \$42,800 is allocated for continuation of the contract for
 42 24 outreach with the department of public health.

Allocates \$42,800 for the continuation of an outreach contract with the DPH.

DETAIL: This is no change compared to the FY 2016 allocation.

42 25 Sec. 14. 2015 Iowa Acts, chapter 137, section 136, is

42 26 amended to read as follows:

42 27 SEC. 136. CHILD CARE ASSISTANCE. There is appropriated
 42 28 from the general fund of the state to the department of human
 42 29 services for the fiscal year beginning July 1, 2016, and
 42 30 ending June 30, 2017, the following amount, or so much thereof
 42 31 as is necessary, to be used for the purpose designated:
 42 32 For child care programs:
 42 33 \$ 25,704,334
 42 34 36,389,561

General Fund appropriation to the DHS for [Child Care Assistance](#).

DETAIL: This is a net decrease of \$15,019,107 compared to estimated FY 2016. The changes include:

- An increase of \$8,000,000 to implement federally mandated Child Care Development Block Grant changes.
- A decrease of \$1,380,284 to use the estimated surplus to cover the increased program costs.
- A decrease of \$6,619,716 to use more TANF funds to cover the increased program costs.
- A decrease of \$5,992,622 due to lower estimated child care expenditures.
- A decrease of \$3,826,485 to use federal carryforward from FY 2016 for FY 2017.
- A decrease of \$5,200,000 due to an increase in the TANF fund appropriation.

42 35 1. Of the funds appropriated in this section, ~~\$21,844,620~~
 42 36 \$30,039,561 shall be used for state child care assistance in
 42 37 accordance with section 237A.13.

Allocates \$30,039,561 for the Child Care Assistance Program.

DETAIL: This is a decrease of \$13,649,680 compared to the FY 2016 allocation for the reasons outlined above and due to using federal funds instead of General Fund dollars on the allocations below.

42 38 2. Nothing in this section shall be construed or is
 42 39 intended as or shall imply a grant of entitlement for services
 43 1 to persons who are eligible for assistance due to an income
 43 2 level consistent with the waiting list requirements of
 43 3 section 237A.13. Any state obligation to provide services
 43 4 pursuant to this section is limited to the extent of the funds
 43 5 appropriated in this section.

Specifies that assistance from the Child Care Assistance Program is not an entitlement and the state's obligation to provide services is limited to the funds available.

43 6 3.—Of the funds appropriated in this section, ~~\$216,226~~
 43 7 ~~is allocated for the statewide grant program for child care~~
 43 8 ~~resource and referral services under section 237A.26.~~ A list
 43 9 of the registered and licensed child care facilities operating
 43 10 in the area served by a child care resource and referral
 43 11 service shall be made available to the families receiving
 43 12 state child care assistance in that area.

Eliminates the allocation for the statewide Child Care Resource and Referral Program. Requires a list of the registered and licensed child care facilities to be made available by Child Care Resource and Referral Programs to families receiving assistance under the Child Care Assistance Program.

DETAIL: This Program will now be funded using federal funds. There is no decrease to the General Fund appropriation due to this change.

43 13 —4.—Of the funds appropriated in this section, ~~\$468,487~~
 43 14 ~~is allocated for child care quality improvement initiatives~~
 43 15 ~~including but not limited to the voluntary quality rating~~

Eliminates the allocation for the Quality Rating System (QRS).

DETAIL: This will now be funded using federal funds. There is no

43 16 system in accordance with section 237A.30.

decrease to the General Fund appropriation due to this change.

43 17 5. Of the funds appropriated in this section, ~~\$3,175,000~~
 43 18 \$6,350,000 shall be credited to the early childhood programs
 43 19 grants account in the early childhood Iowa fund created
 43 20 in section 256I.11. The moneys shall be distributed for
 43 21 funding of community-based early childhood programs targeted
 43 22 to children from birth through five years of age developed
 43 23 by early childhood Iowa areas in accordance with approved
 43 24 community plans as provided in section 256I.8.

Transfers \$6,350,000 to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund.

DETAIL: This is no change compared to the FY 2016 allocation.

43 25 6. The department may use any of the funds appropriated
 43 26 in this section as a match to obtain federal funds for use
 43 27 in expanding child care assistance and related programs.
 43 28 For the purpose of expenditures of state and federal child
 43 29 care funding, funds shall be considered obligated at the
 43 30 time expenditures are projected or are allocated to the
 43 31 department's service areas. Projections shall be based on
 43 32 current and projected caseload growth, current and projected
 43 33 provider rates, staffing requirements for eligibility
 43 34 determination and management of program requirements
 43 35 including data systems management, staffing requirements
 43 36 for administration of the program, contractual and grant
 43 37 obligations and any transfers to other state agencies, and
 43 38 obligations for decategorization or innovation projects.

Permits funds appropriated for child care to be used as matching funds for federal grants. Specifies that funds are obligated when expenditures are projected or allocated to the DHS regions.

44 39 7. A portion of the state match for the federal child care
 44 40 and development block grant shall be provided as necessary to
 44 41 meet federal matching funds requirements through the state
 44 42 general fund appropriation made for child development grants
 44 43 and other programs for at-risk children in section 279.51.

Requires a portion of the state match for the federal Child Care and Development Block Grant to be provided from the state appropriation for child development grants and other programs for at-risk children as necessary to meet federal matching requirements.

44 5 8. If a uniform reduction ordered by the governor under
 44 6 section 8.31 or other operation of law, transfer, or federal
 44 7 funding reduction reduces the appropriation made in this
 44 8 section for the fiscal year, the percentage reduction in the
 44 9 amount paid out to or on behalf of the families participating
 44 10 in the state child care assistance program shall be equal
 44 11 to or less than the percentage reduction made for any other
 44 12 purpose payable from the appropriation made in this section
 44 13 and the federal funding relating to it. The percentage
 44 14 reduction to the other allocations made in this section shall
 44 15 be the same as the uniform reduction ordered by the governor
 44 16 or the percentage change of the federal funding reduction, as
 44 17 applicable. If there is an unanticipated increase in federal
 44 18 funding provided for state child care assistance, the entire
 44 19 amount of the increase shall be used for state child care

Requires the following, related to program operations:

- Apply any reductions to the child care assistance appropriation, either state or federal, in an equal percentage across all operating areas of the program before a reduction to service payments is made. The reduction for payable services must be equal or less than the reduction for other items.
- Requires any unanticipated increase in federal funding to be used only for the Child Care Assistance Subsidy Program.
- Specifies that it is the intent of the General Assembly to provide sufficient funding for the Program in FY 2017 to avoid the establishment of a waiting list.

44 20 assistance payments. If the appropriations made for purposes
 44 21 of the state child care assistance program for the fiscal year
 44 22 are determined to be insufficient, it is the intent of the
 44 23 general assembly to appropriate sufficient funding for the
 44 24 fiscal year in order to avoid establishment of waiting list
 44 25 requirements.

44 26 9. Notwithstanding section 8.33, moneys advanced for
 44 27 purposes of the programs developed by early childhood Iowa
 44 28 areas, advanced for purposes of wraparound child care, or
 44 29 received from the federal appropriations made for the purposes
 44 30 of this section that remain unencumbered or unobligated at
 44 31 the close of the fiscal year shall not revert to any fund
 44 32 but shall remain available for expenditure for the purposes
 44 33 designated until the close of the succeeding fiscal year.

44 34 Sec. 15. 2015 Iowa Acts, chapter 137, section 137, is
 44 35 amended to read as follows:

44 36 SEC. 137. JUVENILE INSTITUTION. There is appropriated
 44 37 from the general fund of the state to the department of
 44 38 human services for the fiscal year beginning July 1, 2016,
 44 39 and ending June 30, 2017, the following amounts, or so
 45 1 much thereof as is necessary, to be used for the purposes
 45 2 designated:

45 3 1. For operation of the state training school at Eldora
 45 4 and for salaries, support, maintenance, and miscellaneous
 45 5 purposes, and for not more than the following full-time
 45 6 equivalent positions:

45 7	..... \$	6,116,710
45 8		<u>12,233,420</u>
45 9	..... FTEs	<u>469.30</u>
45 10		<u>188.30</u>

45 11 Of the funds appropriated in this subsection, ~~\$45,575~~
 45 12 \$91,150 shall be used for distribution to licensed classroom
 45 13 teachers at this and other institutions under the control
 45 14 of the department of human services based upon the average
 45 15 student yearly enrollment at each institution as determined
 45 16 by the department.

45 17 2. A portion of the moneys appropriated in this section
 45 18 shall be used by the state training school at Eldora for
 45 19 grants for adolescent pregnancy prevention activities at the
 45 20 institution in the fiscal year beginning July 1, 2016.

45 21 Sec. 16. 2015 Iowa Acts, chapter 137, section 138, is
 45 22 amended to read as follows:

Permits nonreversion of FY 2017 funds advanced for purposes of programs developed by Early Childhood Iowa areas or purposes of wraparound child care or received from federal appropriations for child care assistance.

General Fund appropriation to the [State Training School at Eldora](#).

DETAIL: This is no change in funding and an increase of 19.0 FTE positions compared to estimated FY 2016. The new FTE positions will be funded through the new DHS Facilities appropriation of \$2,879,274 in this bill.

General Fund allocation of \$91,150 for licensed classroom teachers in state institutions.

DETAIL: This is no change compared to the FY 2016 allocation.

Requires a portion of the funds appropriated for the Eldora State Training School to be used for pregnancy prevention activities in FY 2017.

45 23 SEC. 138. CHILD AND FAMILY SERVICES.
 45 24 1. There is appropriated from the general fund of the
 45 25 state to the department of human services for the fiscal
 45 26 year beginning July 1, 2016, and ending June 30, 2017, the
 45 27 following amount, or so much thereof as is necessary, to be
 45 28 used for the purpose designated:
 45 29 For child and family services:
 45 30 \$ 42,670,969
 45 31 84,482,419

General Fund appropriation for [Child and Family Services](#).

DETAIL: This is a net decrease of \$859,519 compared to estimated FY 2016. Changes include:

- An increase of \$5,200,000 for Juvenile Court Service juvenile delinquent graduated sanction services. This amount was previously funded using TANF dollars.
- An increase of \$1,000,000 due to a transfer of FIP funds to the System of Care Program in Cerro Gordo and Linn counties.
- An decrease of \$2,423,232 to offset an increase in funds from the Social Services Block Grant.
- An increase of \$50,000 for a new Child Protection Center satellite office in Mason City.
- A decrease of \$208,189 due to the FMAP rate adjustment.
- A decrease of \$4,478,098 in General Fund dollars to be replaced with TANF funds.

45 32 ~~2. Up to \$2,600,000 of the amount of federal temporary~~
 45 33 ~~assistance for needy families block grant funding appropriated~~
 45 34 ~~in this division of this Act for child and family services~~
 45 35 ~~shall be made available for purposes of juvenile delinquent~~
 45 36 ~~graduated sanction services.~~

Eliminates the allocation for juvenile delinquent graduated sanction services. Because it is no longer permissible to use TANF dollars for these services, TANF funds were replaced with General Fund dollars for this purpose.

45 37 3. The department may transfer funds appropriated in this
 45 38 section as necessary to pay the nonfederal costs of services
 45 39 reimbursed under the medical assistance program, state child
 46 1 care assistance program, or the family investment program
 46 2 which are provided to children who would otherwise receive
 46 3 services paid under the appropriation in this section. The
 46 4 department may transfer funds appropriated in this section
 46 5 to the appropriations made in this division of this Act for
 46 6 general administration and for field operations for resources
 46 7 necessary to implement and operate the services funded in this
 46 8 section.

Permits the Department to transfer funds appropriated for Child and Family Services to Medicaid, the FIP, General Administration, or Field Operations to pay for costs associated with child welfare services in these areas.

46 9 4. a. Of the funds appropriated in this section, up
 46 10 to ~~\$17,910,893~~ \$35,736,649 is allocated as the statewide
 46 11 expenditure target under section 232.143 for group foster care
 46 12 maintenance and services. If the department projects that
 46 13 such expenditures for the fiscal year will be less than the
 46 14 target amount allocated in this paragraph "a", the department
 46 15 may reallocate the excess to provide additional funding for
 46 16 shelter care or the child welfare emergency services addressed
 46 17 with the allocation for shelter care.

Allocates up to \$35,736,649 for group foster care services and maintenance costs. Permits reallocation of excess funds.

DETAIL: This a decrease of \$85,137 compared to the FY 2016 allocation. The decrease accounts for changes in the FMAP rate and Title IV-E eligibility.

46 18 b. If at any time after September 30, 2016, annualization

Requires the group foster care expenditure target to be reviewed

46 19 of a service area's current expenditures indicates a service
46 20 area is at risk of exceeding its group foster care expenditure
46 21 target under section 232.143 by more than 5 percent, the
46 22 department and juvenile court services shall examine all
46 23 group foster care placements in that service area in order to
46 24 identify those which might be appropriate for termination.
46 25 In addition, any aftercare services believed to be needed
46 26 for the children whose placements may be terminated shall
46 27 be identified. The department and juvenile court services
46 28 shall initiate action to set dispositional review hearings for
46 29 the placements identified. In such a dispositional review
46 30 hearing, the juvenile court shall determine whether needed
46 31 aftercare services are available and whether termination of
46 32 the placement is in the best interest of the child and the
46 33 community.

under certain conditions, and requires review hearings when appropriate.

46 34 5. In accordance with the provisions of section 232.188,
46 35 the department shall continue the child welfare and juvenile
46 36 justice funding initiative during fiscal year 2016-2017. Of
46 37 the funds appropriated in this section, ~~\$858,876~~ \$1,717,753
46 38 is allocated specifically for expenditure for fiscal year
46 39 2016-2017 through the decategorization services funding pools
47 1 and governance boards established pursuant to section 232.188.

Allocates \$1,717,753 for decategorization services.

DETAIL: This is no change compared to the FY 2016 allocation.

47 2 6. A portion of the funds appropriated in this section
47 3 may be used for emergency family assistance to provide other
47 4 resources required for a family participating in a family
47 5 preservation or reunification project or successor project to
47 6 stay together or to be reunified.

Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.

47 7 7. Notwithstanding section 234.35 or any other provision
47 8 of law to the contrary, state funding for shelter care and
47 9 the child welfare emergency services contracting implemented
47 10 to provide for or prevent the need for shelter care shall be
47 11 limited to ~~\$4,034,237~~ \$8,096,158.

Limits state funding for shelter care to \$8,096,158.

DETAIL: This is an increase of \$27,684 compared to the FY 2016 allocation.

47 12 8. Federal funds received by the state during the fiscal
47 13 year beginning July 1, 2016, as the result of the expenditure
47 14 of state funds appropriated during a previous state fiscal
47 15 year for a service or activity funded under this section
47 16 are appropriated to the department to be used as additional
47 17 funding for services and purposes provided for under this
47 18 section. Notwithstanding section 8.33, moneys received in
47 19 accordance with this subsection that remain unencumbered or
47 20 unobligated at the close of the fiscal year shall not revert
47 21 to any fund but shall remain available for the purposes
47 22 designated until the close of the succeeding fiscal year.

Requires federal funds received in FY 2017 for the expenditure of state funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2018.

47 23 9. a. Of the funds appropriated in this section, up to
 47 24 ~~\$1,645,000~~ \$3,290,000 is allocated for the payment of the
 47 25 expenses of court-ordered services provided to juveniles
 47 26 who are under the supervision of juvenile court services,
 47 27 which expenses are a charge upon the state pursuant to
 47 28 section 232.141, subsection 4. Of the amount allocated in
 47 29 this paragraph "a", up to ~~\$778,143~~ \$1,556,287 shall be made
 47 30 available to provide school-based supervision of children
 47 31 adjudicated under chapter 232, of which not more than ~~\$7,500~~
 47 32 \$15,000 may be used for the purpose of training. A portion of
 47 33 the cost of each school-based liaison officer shall be paid by
 47 34 the school district or other funding source as approved by the
 47 35 chief juvenile court officer.

47 36 b. Of the funds appropriated in this section, up to
 47 37 ~~\$374,492~~ \$748,985 is allocated for the payment of the expenses
 47 38 of court-ordered services provided to children who are under
 47 39 the supervision of the department, which expenses are a charge
 48 1 upon the state pursuant to section 232.141, subsection 4.

48 2 c. Notwithstanding section 232.141 or any other provision
 48 3 of law to the contrary, the amounts allocated in this
 48 4 subsection shall be distributed to the judicial districts
 48 5 as determined by the state court administrator and to the
 48 6 department's service areas as determined by the administrator
 48 7 of the department of human services' division of child and
 48 8 family services. The state court administrator and the
 48 9 division administrator shall make the determination of the
 48 10 distribution amounts on or before June 15, 2016.

48 11 d. Notwithstanding chapter 232 or any other provision of
 48 12 law to the contrary, a district or juvenile court shall not
 48 13 order any service which is a charge upon the state pursuant
 48 14 to section 232.141 if there are insufficient court-ordered
 48 15 services funds available in the district court or departmental
 48 16 service area distribution amounts to pay for the service. The
 48 17 chief juvenile court officer and the departmental service area
 48 18 manager shall encourage use of the funds allocated in this
 48 19 subsection such that there are sufficient funds to pay for
 48 20 all court-related services during the entire year. The chief
 48 21 juvenile court officers and departmental service area managers
 48 22 shall attempt to anticipate potential surpluses and shortfalls
 48 23 in the distribution amounts and shall cooperatively request
 48 24 the state court administrator or division administrator to
 48 25 transfer funds between the judicial districts' or departmental
 48 26 service areas' distribution amounts as prudent.

48 27 e. Notwithstanding any provision of law to the contrary,
 48 28 a district or juvenile court shall not order a county to pay

Provides the following allocations related to court-ordered services for juveniles:

- Allocates up to \$3,290,000 for court-ordered services provided to children that are under the supervision of juvenile court services. Of this amount, allocates \$1,556,287 for school-based supervision of delinquent children, limits training funds to \$15,000, and requires a portion of the cost for school-based liaisons to be paid by school districts.
- Allocates \$748,985 for court-ordered services provided to children that are under the supervision of the DHS.

DETAIL: This is no change compared to the FY 2016 allocations.

Requires allocations to the judicial districts, as determined by the Court Administrator, and to the DHS districts, as determined by the Division of Child and Family Services Administrator, by June 15, 2016.

NOTE: This section is effective on enactment.

Prohibits a court from ordering any service that is a charge to the state if there are insufficient funds to reimburse the service. Requires the Chief Juvenile Court Officer to use the funds in a manner that will cover the entire fiscal year, and permits funds to be transferred between districts.

Prohibits a court from ordering a county to pay for a service provided to a juvenile that is chargeable to the state.

48 29 for any service provided to a juvenile pursuant to an order
 48 30 entered under chapter 232 which is a charge upon the state
 48 31 under section 232.141, subsection 4.

48 32 f. Of the funds allocated in this subsection, not more
 48 33 than ~~\$41,500~~ \$83,000 may be used by the judicial branch for
 48 34 administration of the requirements under this subsection.

Prohibits expenditure of more than \$83,000 of the funds appropriated in this section by the Judicial Branch for administration related to court-ordered services.

DETAIL: This is no change compared to the FY 2016 allocation.

48 35 g. Of the funds allocated in this subsection, ~~\$8,500~~
 48 36 \$17,000 shall be used by the department of human services to
 48 37 support the interstate commission for juveniles in accordance
 48 38 with the interstate compact for juveniles as provided in
 48 39 section 232.173.

Allocates \$17,000 of the funds allocated to the DHS to support the Interstate Commission for Juveniles in accordance with the Interstate Compact for Juveniles.

DETAIL: This is no change compared to the FY 2016 allocation.

49 1 10. Of the funds appropriated in this section, ~~\$4,026,613~~
 49 2 \$13,253,227 is allocated for juvenile delinquent graduated
 49 3 sanctions services. Any state funds saved as a result of
 49 4 efforts by juvenile court services to earn a federal Tit.IV-E
 49 5 match for juvenile court services administration may be used
 49 6 for the juvenile delinquent graduated sanctions services.

Allocates \$13,253,227 for juvenile delinquent graduated sanctions services.

DETAIL: This is an increase of \$5,200,000 compared to the FY 2016 allocation. This \$5,200,000 was previously allocated through the federal TANF Block Grant funding appropriated for Child and Family Services. Any state funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may be used for graduated sanctions services.

49 7 11. Of the funds appropriated in this section, ~~\$804,142~~
 49 8 \$1,658,285 is transferred to the department of public health
 49 9 to be used for the child protection center grant program for
 49 10 child protection centers located in Iowa in accordance with
 49 11 section 135.118. The grant amounts under the program shall be
 49 12 equalized so that each center receives a uniform base amount
 49 13 of ~~\$122,500~~ \$245,000, so that \$50,000 is awarded to establish
 49 14 a satellite child protection center in a city in north central
 49 15 Iowa that is the county seat of a county with a population
 49 16 between 44,000 and 45,000 according to the 2010 federal
 49 17 decennial census, and so that the remaining funds ~~shall be~~ are
 49 18 awarded through a funding formula based upon the volume of
 49 19 children served.

Requires \$1,658,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.

DETAIL: This is an increase of \$50,000 compared to the FY 2016 allocation. The increase is to establish a satellite Child Protection Center in Mason City, Iowa.

49 20 12. If the department receives federal approval to
 49 21 implement a waiver under Tit.IV-E of the federal Social
 49 22 Security Act to enable providers to serve children who remain
 49 23 in the children's families and communities, for purposes of
 49 24 eligibility under the medical assistance program through 25

Requires children that receive in-home or community-based services under a federal Title IV-E waiver to be considered placed in foster care to remain eligible for Medicaid, if the DHS receives federal approval to implement the waiver.

49 25 years of age, children who participate in the waiver shall be
49 26 considered to be placed in foster care.

49 27 13. Of the funds appropriated in this section, ~~\$2,012,583~~
49 28 \$4,025,167 is allocated for the preparation for adult living
49 29 program pursuant to section 234.46.

Allocates \$4,025,167 for the Preparation for Adult Living (PALs) Program.

DETAIL: This is no change compared to the FY 2016 allocation.

49 30 14. Of the funds appropriated in this section, ~~\$113,668~~
49 31 \$227,337 shall be used for the public purpose of continuing
49 32 a grant to a nonprofit human services organization providing
49 33 services to individuals and families in multiple locations in
49 34 southwest Iowa and Nebraska for support of a project providing
49 35 immediate, sensitive support and forensic interviews, medical
49 36 exams, needs assessments, and referrals for victims of child
49 37 abuse and their nonoffending family members.

Allocates \$227,337 for Project Harmony for support of victims of child abuse and the nonoffending family members.

DETAIL: This is no change compared to the FY 2016 allocation.

49 38 15. Of the funds appropriated in this section, ~~\$150,310~~
49 39 \$300,620 is allocated for the foster care youth council
50 1 approach of providing a support network to children placed in
50 2 foster care.

Allocates \$300,620 to provide support for foster care youth councils.

DETAIL: This is no change compared to the FY 2016 allocation.

50 3 16. Of the funds appropriated in this section, ~~\$101,000~~
50 4 \$202,000 is allocated for use pursuant to section 235A.1 for
50 5 continuation of the initiative to address child sexual abuse
50 6 implemented pursuant to 2007 Iowa Acts, chapter 218, section
50 7 18, subsection 21.

Allocates \$202,000 for an initiative to address child sexual abuse.

DETAIL: This is no change compared to the FY 2016 allocation.

50 8 17. Of the funds appropriated in this section, ~~\$315,120~~
50 9 \$630,240 is allocated for the community partnership for child
50 10 protection sites.

Allocates \$630,240 for the child welfare Community Partnerships for Child Protection sites.

DETAIL: This is no change compared to the FY 2016 allocation.

50 11 18. Of the funds appropriated in this section, ~~\$185,625~~
50 12 \$371,250 is allocated for the department's minority youth
50 13 and family projects under the redesign of the child welfare
50 14 system.

Allocates \$371,250 for minority youth and family projects included in the child welfare redesign.

DETAIL: This is no change compared to the FY 2016 allocation.

50 15 19. Of the funds appropriated in this section, ~~\$593,297~~
50 16 \$1,186,595 is allocated for funding of the community circle of
50 17 care collaboration for children and youth in northeast Iowa.

Allocates \$1,186,595 for the Circle of Care Grant in northeast Iowa.

DETAIL: This is no change compared to the FY 2016 allocation.

50 18 20. Of the funds appropriated in this section, at least
50 19 ~~\$73,579~~ \$147,158 shall be used for the continuation of the
50 20 child welfare provider training academy, a collaboration
50 21 between the coalition for family and children's services in

Allocates \$147,158 for the child welfare provider online training academy.

DETAIL: This is no change compared to the FY 2016 allocation.

50 22 Iowa and the department.

50 23 21. Of the funds appropriated in this section, ~~\$105,936~~
 50 24 \$211,872 shall be used for continuation of the central Iowa
 50 25 system of care program grant through June 30, 2017.

Allocates \$211,872 for continuation of a System of Care Program in Polk County.

DETAIL: This is no change compared to the FY 2016 allocation.

50 26 22. Of the funds appropriated in this section, ~~\$117,500~~
 50 27 \$235,000 shall be used for the public purpose of the
 50 28 continuation and expansion of a system of care program grant
 50 29 implemented in Cerro Gordo and Linn counties to utilize a
 50 30 comprehensive and long-term approach for helping children
 50 31 and families by addressing the key areas in a child's life
 50 32 of childhood basic needs, education and work, family, and
 50 33 community.

Allocates \$235,000 for continuation and expansion of a System of Care Program in Cerro Gordo and Linn counties at Four Oaks.

DETAIL: This is no change compared to the FY 2016 allocation.

50 34 23. Of the funds appropriated in this section, at least
 50 35 ~~\$12,500~~ \$25,000 shall be used to continue and to expand the
 50 36 foster care respite pilot program in which postsecondary
 50 37 students in social work and other human services-related
 50 38 programs receive experience by assisting family foster care
 50 39 providers with respite and other support.

Allocates at least \$25,000 to continue and expand to additional counties the Foster Care Respite Pilot Program at Wartburg College for students in social work and other human service-related programs.

DETAIL: This is no change compared to the FY 2016 allocation.

51 1 24. Of the funds appropriated in this section, ~~\$55,000~~
 51 2 \$110,000 shall be used for the public purpose of funding
 51 3 community-based services and other supports with a system
 51 4 of care approach for children with a serious emotional
 51 5 disturbance and their families through a nonprofit provider
 51 6 of child welfare services that has been in existence for more
 51 7 than 115 years, is located in a county with a population of
 51 8 more than 200,000 but less than 220,000 according to the
 51 9 latest census information issued by the United States census
 51 10 bureau, is licensed as a psychiatric medical institution for
 51 11 children, and was a system of care grantee prior to July 1,
 51 12 2016.

Allocates \$110,000 for Tanager Place Home Health.

DETAIL: This is no change compared to the FY 2016 allocation.

51 13 Sec. 17. 2015 Iowa Acts, chapter 137, section 139, is
 51 14 amended to read as follows:

51 15 SEC. 139. ADOPTION SUBSIDY.

General Fund appropriation to the Adoption Subsidy Program.

51 16 1. There is appropriated from the general fund of the
 51 17 state to the department of human services for the fiscal
 51 18 year beginning July 1, 2016, and ending June 30, 2017, the
 51 19 following amount, or so much thereof as is necessary, to be
 51 20 used for the purpose designated:

DETAIL: This is a net increase of \$48,378 compared to estimated FY 2016. The changes include the following:

51 21 a. For adoption subsidy payments and services:
 51 22 \$ 21,499,143
 51 23 43,046,664

- A decrease of \$706,974 to account for changes in the Iowa FMAP rate and Title IV-E eligibility.
- An increase of \$630,352 to fund caseload growth.
- An increase of \$125,000 due to a federal mandate requiring

state savings realized through Title IV-E funds and increased eligibility to be spent on child welfare services.

Directs the Department of Human Services to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and post-adoption services as allowed under Title IV-B and Title IV-E of the federal Social Security Act. The DHS may also transfer funds, specifically those funds from federal Title IV-E savings, to the Child and Family Services General Fund appropriation for post-adoption services. A federal mandate regarding the use of federal Title IV-E funds requires savings to be used for child welfare services.

Permits the DHS to transfer funds to the General Administration appropriation for costs relating to the Program.

Requires federal funds received in FY 2016 for the expenditure of state funds in a previous fiscal year to be used for adoption subsidies. Permits nonreversion of federal funds in this Subsection until the close of FY 2017.

General Fund appropriation for the [Family Support Program](#).

DETAIL: This is a net decrease of \$4,650 compared to estimated FY 2016. The changes include:

- A decrease of \$85,650 due to a reduction in expenses as a result of children aging out of the program.
- An increase of \$81,000 to expand the Children-at-Home Program to new service areas.

Requires an allocation of \$727,500 from the Family Support Subsidy appropriation to continue the Family Support Center component of the

51 24 b. (1) The funds appropriated in this section shall be
51 25 used as authorized or allowed by federal law or regulation for
51 26 any of the following purposes:

51 27 (a) For adoption subsidy payments and related costs.

51 28 (b) For post-adoption services and for other purposes
51 29 under Tit.IV-B or Tit.IV-E of the federal Social Security
51 30 Act.

51 31 (2) The department of human services may transfer funds
51 32 appropriated in this subsection to the appropriation for
51 33 child and family services in this Act for the purposes of
51 34 post-adoption services as specified in this paragraph "b".

51 35 2. The department may transfer funds appropriated in
51 36 this section to the appropriation made in this division of
51 37 this Act for general administration for costs paid from the
51 38 appropriation relating to adoption subsidy.

51 39 3. Federal funds received by the state during the fiscal
52 1 year beginning July 1, 2016, as the result of the expenditure
52 2 of state funds during a previous state fiscal year for a
52 3 service or activity funded under this section are appropriated
52 4 to the department to be used as additional funding for
52 5 the services and activities funded under this section.
52 6 Notwithstanding section 8.33, moneys received in accordance
52 7 with this subsection that remain unencumbered or unobligated
52 8 at the close of the fiscal year shall not revert to any fund
52 9 but shall remain available for expenditure for the purposes
52 10 designated until the close of the succeeding fiscal year.

52 11 Sec. 18. 2015 Iowa Acts, chapter 137, section 141, is
52 12 amended to read as follows:

52 13 SEC. 141. FAMILY SUPPORT SUBSIDY PROGRAM.

52 14 1. There is appropriated from the general fund of the
52 15 state to the department of human services for the fiscal
52 16 year beginning July 1, 2016, and ending June 30, 2017, the
52 17 following amount, or so much thereof as is necessary, to be
52 18 used for the purpose designated:

52 19 For the family support subsidy program subject to the
52 20 enrollment restrictions in section 225C.37, subsection 3:

52 21	.....	\$	536,966
52 22			<u>1,069,282</u>

52 23 2. ~~The department shall use at least \$320,750~~ \$727,500
52 24 ~~of the moneys appropriated in this section is transferred~~

52 25 to the department of public health for the family support
 52 26 center component of the comprehensive family support program
 52 27 ~~under section 225C.47 chapter 225C, subchapter V. Not more~~
 52 28 ~~than \$12,500 of the amount allocated in this subsection shall~~
 52 29 ~~be used for administrative costs. The department of human~~
 52 30 ~~services shall submit a report to the individuals identified~~
 52 31 ~~in this Act for submission of reports by December 15, 2016.~~
 52 32 ~~regarding the outcomes of the program and recommendations for~~
 52 33 ~~future program improvement.~~

Children-at-Home Program in current counties. Permits the DHS to transfer the appropriated funds to the DPH to make funding available statewide. The DPH has existing statewide coordinated intake through the Division of Health Promotion for family support services. Administrative funding is limited to \$25,000.

52 34 3. If at any time during the fiscal year, the amount of
 52 35 funding available for the family support subsidy program
 52 36 is reduced from the amount initially used to establish the
 52 37 figure for the number of family members for whom a subsidy
 52 38 is to be provided at any one time during the fiscal year,
 52 39 notwithstanding section 225C.38, subsection 2, the department
 53 1 shall revise the figure as necessary to conform to the amount
 53 2 of funding available.

Requires the Department to reduce funding to participants in the Family Support Subsidy Program if available funds are less than anticipated.

53 3 Sec. 19. 2015 Iowa Acts, chapter 137, section 142, is
 53 4 amended to read as follows:

53 5 SEC. 142. CONNER DECREE. There is appropriated from the
 53 6 general fund of the state to the department of human services
 53 7 for the fiscal year beginning July 1, 2016, and ending June
 53 8 30, 2017, the following amount, or so much thereof as is
 53 9 necessary, to be used for the purpose designated:

53 10 For building community capacity through the coordination
 53 11 and provision of training opportunities in accordance with the
 53 12 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 53 13 Iowa, July 14, 1994):

53 14	..... \$	46,816
53 15		<u>33,632</u>

General Fund appropriation to the DHS for [Conner Decree](#) training requirements.

DETAIL: This is no change compared to estimated FY 2016. The funds are used for training purposes to comply with the [Conner v. Branstad](#) court decision mandating placement of persons in the least restrictive setting.

53 16 Sec. 20. 2015 Iowa Acts, chapter 137, section 143, is
 53 17 amended to read as follows:

53 18 SEC. 143. MENTAL HEALTH INSTITUTES. There is appropriated
 53 19 from the general fund of the state to the department of
 53 20 human services for the fiscal year beginning July 1, 2016,
 53 21 and ending June 30, 2017, the following amounts, or so
 53 22 much thereof as is necessary, to be used for the purposes
 53 23 designated ~~which amounts shall not be transferred or~~
 53 24 ~~expended for any purpose other than the purposes designated,~~
 53 25 ~~notwithstanding section 218.6 to the contrary:~~

Strikes language that prohibits transfer of funds between the MHIs.

53 26 1. For operation of the state mental health institute at
 53 27 Cherokee as required by chapters 218 and 226 for salaries,

General Fund appropriation to the [MHI at Cherokee](#).

53 28 support, maintenance, and miscellaneous purposes, and for not
 53 29 more than the following full-time equivalent positions:
 53 30 \$ 2,772,808
 53 31 14,644,041
 53 32 FTEs 169.20

DETAIL: This is an increase of \$9,098,425 and no change in FTE positions compared to estimated FY 2016 to reallocate dollars previously transferred from Medicaid directly to the MHI.

53 33 2. For operation of the state mental health institute at
 53 34 Independence as required by chapters 218 and 226 for salaries,
 53 35 support, maintenance, and miscellaneous purposes, and for not
 53 36 more than the following full-time equivalent positions:
 53 37 \$ 5,162,104
 53 38 18,552,103
 53 39 FTEs 233.00

General Fund appropriation to the [MHI at Independence](#).

DETAIL: This is a net increase of \$8,227,894 and no change in FTE positions compared to estimated FY 2016. The changes include:

- An increase of \$9,045,894 to reallocate dollars previously transferred from Medicaid directly to the MHI.
- A decrease of \$818,000 due to an unneeded services adjustment.

54 1 Sec. 21. 2015 Iowa Acts, chapter 137, section 144, is
 54 2 amended to read as follows:
 54 3 SEC. 144. STATE RESOURCE CENTERS.
 54 4 1. There is appropriated from the general fund of the
 54 5 state to the department of human services for the fiscal
 54 6 year beginning July 1, 2016, and ending June 30, 2017, the
 54 7 following amounts, or so much thereof as is necessary, to be
 54 8 used for the purposes designated:

54 9 a. For the state resource center at Glenwood for salaries,
 54 10 support, maintenance, and miscellaneous purposes:
 54 11 \$ 10,762,241
 54 12 20,719,486

General Fund appropriation to the [State Resource Center at Glenwood](#).

DETAIL: This is a decrease of \$804,996 compared to estimated FY 2016 due to an adjustment in the FMAP rate.

54 13 b. For the state resource center at Woodward for salaries,
 54 14 support, maintenance, and miscellaneous purposes:
 54 15 \$ 7,291,903
 54 16 14,053,011

General Fund appropriation to the [State Resource Center at Woodward](#).

DETAIL: This is a decrease of \$530,795 compared to estimated FY 2016 due to an adjustment in the FMAP rate.

54 17 2. The department may continue to bill for state resource
 54 18 center services utilizing a scope of services approach used
 54 19 for private providers of intermediate care facilities for
 54 20 persons with an intellectual disability services, in a manner
 54 21 which does not shift costs between the medical assistance
 54 22 program, counties, or other sources of funding for the state
 54 23 resource centers.

Permits the DHS to continue billing practices that do not include cost shifting.

54 24 3. The state resource centers may expand the time-limited

Permits the State Resource Centers to expand time-limited

54 25 assessment and respite services during the fiscal year.

assessment and respite services.

DETAIL: Time-limited assessments include analysis of patient conditions and development of therapy plans to assist families in caring for individuals with intellectual disabilities or developmental disabilities. Respite services provide care for special needs individuals for a limited duration to provide families with a temporary reprieve from caretaking responsibilities.

54 26 4. If the department's administration and the department
54 27 of management concur with a finding by a state resource
54 28 center's superintendent that projected revenues can reasonably
54 29 be expected to pay the salary and support costs for a new
54 30 employee position, or that such costs for adding a particular
54 31 number of new positions for the fiscal year would be less than
54 32 the overtime costs if new positions would not be added, the
54 33 superintendent may add the new position or positions. If the
54 34 vacant positions available to a resource center do not include
54 35 the position classification desired to be filled, the state
54 36 resource center's superintendent may reclassify any vacant
54 37 position as necessary to fill the desired position. The
54 38 superintendents of the state resource centers may, by mutual
54 39 agreement, pool vacant positions and position classifications
55 1 during the course of the fiscal year in order to assist one
55 2 another in filling necessary positions.

Specifies that FTE positions may be added at the two State Resource Centers if projected revenues are sufficient to pay the salary and support costs of the additional positions and if approved by the Department of Management.

55 3 5. If existing capacity limitations are reached in
55 4 operating units, a waiting list is in effect for a service or
55 5 a special need for which a payment source or other funding
55 6 is available for the service or to address the special need,
55 7 and facilities for the service or to address the special need
55 8 can be provided within the available payment source or other
55 9 funding, the superintendent of a state resource center may
55 10 authorize opening not more than two units or other facilities
55 11 and begin implementing the service or addressing the special
55 12 need during fiscal year 2016-2017.

Permits a State Resource Center to open certain facilities if a service waiting list exists and funding is available.

55 13 Sec. 22. 2015 Iowa Acts, chapter 137, section 145, is
55 14 amended to read as follows:

55 15 SEC. 145. SEXUALLY VIOLENT PREDATORS.

General Fund appropriation to the DHS for the [Sexual Predator Commitment Program](#).

55 16 1. There is appropriated from the general fund of the
55 17 state to the department of human services for the fiscal
55 18 year beginning July 1, 2016, and ending June 30, 2017, the
55 19 following amount, or so much thereof as is necessary, to be
55 20 used for the purpose designated:

DETAIL: This is an increase of \$300,000 and no change in FTE positions compared to estimated FY 2016 due to additional treatment services for offenders.

55 21 For costs associated with the commitment and treatment of

55 22 sexually violent predators in the unit located at the state
 55 23 mental health institute at Cherokee, including costs of legal
 55 24 services and other associated costs, including salaries,
 55 25 support, maintenance, and miscellaneous purposes, and for not
 55 26 more than the following full-time equivalent positions:
 55 27 \$ 4,946,539
 55 28 10,193.079
 55 29 FTEs 132.50

55 30 2. Unless specifically prohibited by law, if the amount
 55 31 charged provides for recoupment of at least the entire amount
 55 32 of direct and indirect costs, the department of human services
 55 33 may contract with other states to provide care and treatment
 55 34 of persons placed by the other states at the unit for sexually
 55 35 violent predators at Cherokee. The moneys received under
 55 36 such a contract shall be considered to be repayment receipts
 55 37 and used for the purposes of the appropriation made in this
 55 38 section.

55 39 Sec. 23. 2015 Iowa Acts, chapter 137, section 146, is
 56 1 amended to read as follows:

56 2 SEC. 146. FIELD OPERATIONS. There is appropriated from the
 56 3 general fund of the state to the department of human services
 56 4 for the fiscal year beginning July 1, 2016, and ending June
 56 5 30, 2017, the following amount, or so much thereof as is
 56 6 necessary, to be used for the purposes designated:
 56 7 For field operations, including salaries, support,
 56 8 maintenance, and miscellaneous purposes, and for not more than
 56 9 the following full-time equivalent positions:
 56 10 \$ 29,460,488
 56 11 54,442.877
 56 12 FTEs 1,837.00

56 13 2. Priority in filling full-time equivalent positions
 56 14 shall be given to those positions related to child protection
 56 15 services and eligibility determination for low-income
 56 16 families.

56 17 Sec. 24. 2015 Iowa Acts, chapter 137, section 147, is
 56 18 amended to read as follows:

56 19 SEC. 147. GENERAL ADMINISTRATION. There is appropriated
 56 20 from the general fund of the state to the department of human
 56 21 services for the fiscal year beginning July 1, 2016, and
 56 22 ending June 30, 2017, the following amount, or so much thereof
 56 23 as is necessary, to be used for the purpose designated:
 56 24 For general administration, including salaries, support,

Allows the DHS to contract with other states to provide treatment services at the Civil Commitment Unit for Sexual Offenders (CCUSO) unit.

General Fund appropriation to the DHS for [Field Operations](#) staff and support.

DETAIL: This is a decrease of \$4,478,099 and an increase of 216.00 FTE positions compared to estimated FY 2016. The General Fund changes include:

- A decrease of \$4,478,099 in General Fund dollars to be replaced with TANF funds.
- An increase of 216.00 FTE positions to maintain the level the General Assembly appropriated for FY 2016.

Requires priority to be given to filling positions related to child protection services and eligibility determination for low-income families.

General Fund appropriation for [General Administration](#).

DETAIL: This is a net increase of \$775,000 and 16.06 FTE positions compared to FY 2016. The changes include:

- A decrease of \$25,000 due to the repeal of the Prevention of

56 25 maintenance, and miscellaneous purposes, and for not more than
 56 26 the following full-time equivalent positions:
 56 27 \$ 7,449,099
 56 28 15,673,198
 56 29 FTEs 309.00

Disabilities Policy Council.

- An increase of \$200,000 for the College of Direct Support.
- An increase of \$300,000 to implement the recommendations of the Children's Mental Health and Well Being Workgroup.
- An increase of \$300,000 to support the AmeriCorps RefugeeRISE Program. Funds will be transferred from the DHS to the Iowa Economic Development Authority's Commission on Volunteer Service.
- An increase of 16.06 FTE positions to restore to the authorized FY 2016 level.

56 30 2. Of the funds appropriated in this section, ~~\$75,000~~
 56 31 \$150,000 shall be used to continue the contract for the
 56 32 provision of a program to provide technical assistance,
 56 33 support, and consultation to providers of habilitation
 56 34 services and home and community-based services waiver services
 56 35 for adults with disabilities under the medical assistance
 56 36 program.

Allocates \$150,000 to continue the existing contract for technical assistance for providers of habilitation services under the Home and Community-Based Services (HCBS) Waiver Program.

DETAIL: This is no change compared to the FY 2016 allocation.

56 37 3. Of the funds appropriated in this section, ~~\$25,000~~
 56 38 \$50,000 is transferred to the Iowa finance authority to be
 56 39 used for administrative support of the council on homelessness
 57 1 established in section 16.2D and for the council to fulfill
 57 2 its duties in addressing and reducing homelessness in the
 57 3 state.

Transfers \$50,000 to the Iowa Finance Authority (IFA) to be used for support of the Council on Homelessness.

DETAIL: This is no change compared to the FY 2016 allocation.

57 4 4. Of the funds appropriated in this section, ~~\$125,000~~
 57 5 \$250,000 shall be transferred to and deposited in the
 57 6 administrative fund of the Iowa ABLE savings plan trust
 57 7 created in section 121.4, ~~if enacted in this or any other Act,~~
 57 8 to be used for implementation and administration activities of
 57 9 the Iowa ABLE savings plan trust.

Transfers \$250,000 to the Treasurer of State to implement the ABLE Trust Act.

DETAIL: This is no change compared to the FY 2016 allocation.

57 10 5. Of the funds appropriated in this section, \$300,000
 57 11 shall be used to contract for planning grants for the
 57 12 development and implementation of children's mental health
 57 13 crisis services as provided in this Act.

Transfers \$300,000 to the Department of Human Services for the purpose of contracting for two planning grants for the development and implementation of children's mental health crisis services.

DETAIL: This is a new transfer. The program is established in Division XIII of this bill.

57 14 6. Of the funds appropriated in this section, \$200,000
 57 15 shall be used to continue to expand the provision of
 57 16 nationally accredited and recognized internet-based training
 57 17 to include mental health and disability services providers.

Allocates \$200,000 to contract with the College of Direct Support to provide nationally accredited internet-based training, including training for mental health and disability service providers.

DETAIL: This is a new allocation for FY 2017.

57 18 7. Of the funds appropriated in this section, \$300,000
 57 19 is transferred to the economic development authority for
 57 20 the Iowa commission on volunteer services to be used for
 57 21 RefugeeRISE AmeriCorps program member recruitment and training
 57 22 to improve the economic well-being and health of economically
 57 23 disadvantaged refugees in local communities across Iowa.
 57 24 Funds transferred may be used to supplement federal funds
 57 25 under federal regulations.

Transfers \$300,000 to the Economic Development Authority through the Department of Human Services for the RefugeeRISE AmeriCorps Program, to be used for member recruitment and training.

DETAIL: This is a new allocation for FY 2017. Requires funds to be used to supplement federal funds.

57 26 Sec. 25. 2015 Iowa Acts, chapter 137, is amended by adding
 57 27 the following new section:

General Fund appropriation for the DHS facilities.

57 28 NEW SECTION SEC. 147A. DEPARTMENT-WIDE DUTIES. There
 57 29 is appropriated from the general fund of the state to the
 57 30 department of human services for the fiscal year beginning
 57 31 July 1, 2016, and ending June 30, 2017, the following amount,
 57 32 or so much thereof as is necessary, to be used for the
 57 33 purposes designated:

DETAIL: This is a new appropriation of \$2,879,274 for the DHS to assure adequate staffing among the DHS facilities and transfer staff as needed, while remaining within the set number of authorized positions.

57 34 For salaries, support, maintenance, and miscellaneous
 57 35 purposes at facilities under the purview of the department of
 57 36 human services:
 57 37 \$ 2,879,274

57 38 Sec. 26. 2015 Iowa Acts, chapter 137, section 148, is
 57 39 amended to read as follows:

General Fund appropriation to the DHS for the development and coordination of the [Volunteer Services Program](#).

58 1 SEC. 148. VOLUNTEERS. There is appropriated from the
 58 2 general fund of the state to the department of human services
 58 3 for the fiscal year beginning July 1, 2016, and ending June
 58 4 30, 2017, the following amount, or so much thereof as is
 58 5 necessary, to be used for the purpose designated:
 58 6 For development and coordination of volunteer services:
 58 7 \$ 42,343
 58 8 84,686

DETAIL: This is no change compared to estimated FY 2016.

58 9 Sec. 27. 2015 Iowa Acts, chapter 137, section 149, is
 58 10 amended to read as follows:
 58 11 SEC. 149. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 58 12 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 58 13 DEPARTMENT OF HUMAN SERVICES.

58 14 1. a.—(1)—~~For the fiscal year beginning July 1, 2016,~~
 58 15 ~~the total state funding amount for the nursing facility budget~~
 58 16 ~~shall not exceed \$151,421,458.~~
 58 17 —(2)—~~The department, in cooperation with nursing facility~~
 58 18 ~~representatives, shall review projections for state funding~~
 58 19 ~~expenditures for reimbursement of nursing facilities on a~~
 58 20 ~~quarterly basis and the department shall determine if an~~

Eliminates language relating to the nursing facility cap. This language is no longer necessary under managed care.

58 21 adjustment to the medical assistance reimbursement rate is
 58 22 necessary in order to provide reimbursement within the state
 58 23 funding amount for the fiscal year. Notwithstanding 2001
 58 24 Iowa Acts, chapter 192, section 4, subsection 2, paragraph
 58 25 "c", and subsection 3, paragraph "a", subparagraph (2), if
 58 26 the state funding expenditures for the nursing facility
 58 27 budget for the fiscal year are projected to exceed the amount
 58 28 specified in subparagraph (1), the department shall adjust
 58 29 the reimbursement for nursing facilities reimbursed under the
 58 30 case-mix reimbursement system to maintain expenditures of the
 58 31 nursing facility budget within the specified amount for the
 58 32 fiscal year.

58 33 (3) (a) For the fiscal year beginning July 1, 2016,
 58 34 case-mix, non-case mix, and special population nursing
 58 35 facilities shall be reimbursed in accordance with the
 58 36 methodology in effect on June 30, 2016.

Requires methodology for calculating reimbursement for case-mix, non-case mix, and special population nursing facilities to remain the same as the methodology in effect on June 30, 2016.

58 37 (b) For managed care claims, the department of human
 58 38 services shall adjust the payment rate floor for nursing
 58 39 facilities, annually, to maintain a rate floor that is no
 59 1 lower than the Medicaid fee-for-service case-mix adjusted rate
 59 2 calculated in accordance with 441 IAC 81.6. The department
 59 3 shall then calculate adjusted reimbursement rates, including
 59 4 but not limited to add-on-payments, annually, and shall
 59 5 notify Medicaid managed care organizations of the adjusted
 59 6 reimbursement rates within 30 days of determining the adjusted
 59 7 reimbursement rates. Any adjustment of reimbursement rates
 59 8 under this subparagraph division shall be budget neutral to
 59 9 the state budget.

Requires the DHS to adjust payment rates for nursing facilities to account for changes in case-mix. The DHS is to adjust rates annually, and the changes are required to be budget neutral to the state.

59 10 (4) For any open or unsettled nursing facility cost report
 59 11 for a fiscal year prior to and including the fiscal year
 59 12 beginning July 1, 2015, including any cost report remanded
 59 13 on judicial review for inclusion of prescription drug,
 59 14 laboratory, or x-ray costs, the department shall offset all
 59 15 reported prescription drug, laboratory, and x-ray costs with
 59 16 any revenue received from Medicare or other revenue source for
 59 17 any purpose. For purposes of this subparagraph, a nursing
 59 18 facility cost report is not considered open or unsettled
 59 19 if the facility did not initiate an administrative appeal
 59 20 under chapter 17A or if any appeal rights initiated have been
 59 21 exhausted.

Specifies that a nursing facility cost report is not considered open or unsettled if the facility did not initiate an administrative appeal or if any appeal rights initiated have been exhausted.

59 22 b. (1) For the fiscal year beginning July 1, 2016,
 59 23 the department shall establish the pharmacy dispensing fee
 59 24 reimbursement at \$11.73 per prescription, until a cost of
 59 25 dispensing survey is completed. The actual dispensing fee

Requires a pharmacy dispensing fee reimbursement rate of \$11.73 per prescription.

DETAIL: This is no change compared to the FY 2016 fee.

59 26 shall be determined by a cost of dispensing survey performed
59 27 by the department and required to be completed by all medical
59 28 assistance program participating pharmacies every two years,
59 29 adjusted as necessary to maintain expenditures within the
59 30 amount appropriated to the department for this purpose for the
59 31 fiscal year.

59 32 (2) The department shall utilize an average acquisition
59 33 cost reimbursement methodology for all drugs covered under the
59 34 medical assistance program in accordance with 2012 Iowa Acts,
59 35 chapter 1133, section 33.

Requires the DHS to continue an Average Acquisition Cost (AAC) reimbursement methodology for all drugs covered under the Medicaid Program. The methodology is to utilize a survey of pharmacy invoices to determine the AAC. The Department is to provide a process for pharmacies to address average acquisition cost prices that are not reflective of the actual drug cost.

59 36 (3) Notwithstanding subparagraph (2), if the centers
59 37 for Medicare and Medicaid services of the United States
59 38 department of health and human services (CMS) requires, as a
59 39 condition of federal Medicaid funding, that the department
60 1 implement an aggregate federal upper limit (FUL) for drug
60 2 reimbursement based on the average manufacturer's price (AMP),
60 3 the department may utilize a reimbursement methodology for
60 4 all drugs covered under the Medicaid program based on the
60 5 national average drug acquisition cost (NADAC) methodology
60 6 published by CMS, in order to assure compliance with the
60 7 aggregate FUL, minimize outcomes of drug reimbursements below
60 8 pharmacy acquisition costs, limit administrative costs, and
60 9 minimize any change in the aggregate reimbursement for drugs.
60 10 The department may adopt emergency rules to implement this
60 11 subparagraph.

Specifies that if the Centers for Medicare and Medicaid Services (CMS) implements an aggregate federal upper payment limit for drug reimbursement, the DHS may use a reimbursement methodology based on the National Average Drug Acquisition Cost (NADAC).

60 12 c. (1) For the fiscal year beginning July 1, 2016,
60 13 reimbursement rates for outpatient hospital services shall
60 14 remain at the rates in effect on June 30, 2016, subject to
60 15 Medicaid program upper payment limit rules, and adjusted
60 16 as necessary to maintain expenditures within the amount
60 17 appropriated to the department for this purpose for the fiscal
60 18 year.

Requires the rate of reimbursement for outpatient hospital services to remain at the same rate in effect in FY 2016, subject to the Medicaid Upper Payment Limit (UPL) rules.

60 19 (2) For the fiscal year beginning July 1, 2016,
60 20 reimbursement rates for inpatient hospital services shall
60 21 remain at the rates in effect on June 30, 2016, subject to
60 22 Medicaid program upper payment limit rules, and adjusted
60 23 as necessary to maintain expenditures within the amount
60 24 appropriated to the department for this purpose for the fiscal
60 25 year.

Requires the rate of reimbursement for inpatient services to remain at the same rate in effect in FY 2016, subject to the Medicaid UPL rules.

60 26 (3) For the fiscal year beginning July 1, 2016, the
60 27 graduate medical education and disproportionate share hospital

Requires the rate of reimbursement for the graduate medical education and disproportionate share hospital funds to remain the same as the

60 28 fund shall remain at the amount in effect on June 30, 2016,
60 29 except that the portion of the fund attributable to graduate
60 30 medical education shall be reduced in an amount that reflects
60 31 the elimination of graduate medical education payments made to
60 32 out-of-state hospitals.

FY 2016 reimbursement rate.

60 33 (4) In order to ensure the efficient use of limited state
60 34 funds in procuring health care services for low-income lowans,
60 35 funds appropriated in this Act for hospital services shall
60 36 not be used for activities which would be excluded from a
60 37 determination of reasonable costs under the federal Medicare
60 38 program pursuant to 42 U.S.C. §1395x(v)(1)(N).

Requires funds appropriated for hospital activities to be used for activities pursuant to the federal Medicare program.

60 39 d. For the fiscal year beginning July 1, 2016,
61 1 reimbursement rates for ~~rural health clinics~~, hospices, and
61 2 acute mental hospitals shall be increased in accordance with
61 3 increases under the federal Medicare program or as supported
61 4 by their Medicare audited costs.

Requires hospice services and acute mental hospitals to be reimbursed at the rate established under the federal Medicare Program for FY 2017.

61 5 e. For the fiscal year beginning July 1, 2016, independent
61 6 laboratories and rehabilitation agencies shall be reimbursed
61 7 using the same methodology in effect on June 30, 2016.

Requires reimbursement methodology for independent laboratories and rehabilitation agencies to remain the same as the methodology in FY 2016.

61 8 f. (1) For the fiscal year beginning July 1, 2016,
61 9 reimbursement rates for home health agencies shall continue to
61 10 be based on the Medicare low utilization payment adjustment
61 11 (LUPA) methodology with state geographic wage adjustments,
61 12 ~~and updated to reflect the most recent Medicare LUPA rates~~
61 13 shall be adjusted to increase the rates to the extent possible
61 14 within the \$1,000,000 of state funding appropriated for this
61 15 purpose. The department shall continue to update the rates
61 16 every two years to reflect the most recent Medicare LUPA
61 17 rates.

Requires rates for home health agencies to be based on the Medicare Low Utilization Payment Amount (LUPA) and be increased by \$1,000,000 compared to the rates in effect in FY 2016.

61 18 (2) For the fiscal year beginning July 1, 2016, rates
61 19 for private duty nursing and personal care services under
61 20 the early and periodic screening, diagnostic, and treatment
61 21 program benefit shall be calculated based on the methodology
61 22 in effect on June 30, 2016.

Requires rates for private duty nursing and personal care services under the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Program to remain the same as the methodology in FY 2016.

61 23 g. For the fiscal year beginning July 1, 2016, federally
61 24 qualified health centers and rural health clinics shall
61 25 receive cost-based reimbursement for 100 percent of the
61 26 reasonable costs for the provision of services to recipients
61 27 of medical assistance.

Requires the DHS to reimburse federally qualified health centers and rural health clinics for 100.00% of the reasonable costs for provision of services to Medical Assistance Program recipients.

61 28 h. For the fiscal year beginning July 1, 2016, the
61 29 reimbursement rates for dental services shall remain at the

Requires the reimbursement rates for dental services to remain at the rate in effect in FY 2016.

61 30 rates in effect on June 30, 2016.

61 31 i. (1) For the fiscal year beginning July 1, 2016,
61 32 state-owned psychiatric medical institutions for children
61 33 shall receive cost-based reimbursement for 100 percent of the
61 34 actual and allowable costs for the provision of services to
61 35 recipients of medical assistance.

Requires the reimbursement rates for state-owned Psychiatric Medical Institutions for Children (PMICs) to be set at 100.00% of allowable costs.

61 36 (2) For the nonstate-owned psychiatric medical
61 37 institutions for children, reimbursement rates shall be based
61 38 on the reimbursement methodology ~~developed by the Medicaid~~
61 39 ~~managed care contractor for behavioral health services as~~
62 1 ~~required for federal compliance in effect on June 30, 2016.~~

Requires nonstate-owned PMICs to be reimbursed based on the reimbursement methodology in effect in FY 2016.

62 2 (3) As a condition of participation in the medical
62 3 assistance program, enrolled providers shall accept the
62 4 medical assistance reimbursement rate for any covered goods
62 5 or services provided to recipients of medical assistance
62 6 who are children under the custody of a psychiatric medical
62 7 institution for children.

Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.

62 8 j. For the fiscal year beginning July 1, 2016, unless
62 9 otherwise specified in this Act, all noninstitutional
62 10 medical assistance provider reimbursement rates shall remain
62 11 at the rates in effect on June 30, 2016, except for area
62 12 education agencies, local education agencies, infant and
62 13 toddler services providers, home and community-based services
62 14 providers including consumer-directed attendant care providers
62 15 under a section 1915(c) or 1915(i) waiver, targeted case
62 16 management providers, and those providers whose rates are
62 17 required to be determined pursuant to section 249A.20.

Requires the reimbursement rates for all noninstitutional Medical Assistance providers, with specified exceptions, to remain at the rate in effect in FY 2016.

62 18 k. Notwithstanding any provision to the contrary, for the
62 19 fiscal year beginning July 1, 2016, the reimbursement rate for
62 20 anesthesiologists shall remain at the rate in effect on June
62 21 30, 2016.

Requires the reimbursement rates for anesthesiologists to remain at the rate in effect in FY 2016.

62 22 l. Notwithstanding section 249A.20, for the fiscal year
62 23 beginning July 1, 2016, the average reimbursement rate for
62 24 health care providers eligible for use of the federal Medicare
62 25 resource-based relative value scale reimbursement methodology
62 26 under section 249A.20 shall remain at the rate in effect on
62 27 June 30, 2016; however, this rate shall not exceed the maximum
62 28 level authorized by the federal government.

Requires the rates for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology to remain at the rates in effect in FY 2016 and not to exceed the maximum level authorized by the federal government.

62 29 m. For the fiscal year beginning July 1, 2016, the
62 30 reimbursement rate for residential care facilities shall not
62 31 be less than the minimum payment level as established by the

Requires the reimbursement rates for residential care facilities to be no less than the minimum payment level required to meet the federal requirement.

62 32 federal government to meet the federally mandated maintenance
 62 33 of effort requirement. The flat reimbursement rate for
 62 34 facilities electing not to file annual cost reports shall not
 62 35 be less than the minimum payment level as established by the
 62 36 federal government to meet the federally mandated maintenance
 62 37 of effort requirement.

62 38 n. For the fiscal year beginning July 1, 2016, the
 62 39 reimbursement rates for inpatient mental health services
 63 1 provided at hospitals shall remain at the rates in effect on
 63 2 June 30, 2016, subject to Medicaid program upper payment limit
 63 3 rules; and psychiatrists shall be reimbursed at the medical
 63 4 assistance program fee-for-service rate in effect on June 30,
 63 5 2016.

Requires the reimbursement rates for inpatient psychiatric hospital services to remain at the rate in effect in FY 2016.

63 6 o. For the fiscal year beginning July 1, 2016, community
 63 7 mental health centers may choose to be reimbursed for the
 63 8 services provided to recipients of medical assistance through
 63 9 either of the following options:
 63 10 (1) For 100 percent of the reasonable costs of the
 63 11 services.
 63 12 (2) In accordance with the alternative reimbursement rate
 63 13 methodology ~~established by the medical assistance program's~~
 63 14 ~~managed care contractor for mental health services and~~
 63 15 approved by the department of human services in effect on June
 63 16 30, 2016.

Allows Community Mental Health Centers (CMHCs) to choose between two different methodologies for reimbursement. The first option allows the CMHCs to be reimbursed at 100.00% of reasonable cost of service and uses a cost settlement methodology. The second option is based on rates in effect in FY 2016.

63 17 p. For the fiscal year beginning July 1, 2016, the
 63 18 reimbursement rate for providers of family planning services
 63 19 that are eligible to receive a 90 percent federal match shall
 63 20 remain at the rates in effect on June 30, 2016.

Requires the reimbursement rates for family planning services to remain at the rate in effect in FY 2016.

63 21 q. For the fiscal year beginning July 1, 2016, the upper
 63 22 limits ~~on and~~ reimbursement rates for providers of home and
 63 23 community-based services waiver services ~~shall remain at the~~
 63 24 ~~limits in effect on June 30, 2016 for which the rate floor~~
 63 25 is based on the average aggregate reimbursement rate for the
 63 26 fiscal year beginning July 1, 2014, shall be determined as
 63 27 follows:
 63 28 (1) For fee-for-service claims, the reimbursement rate
 63 29 shall be increased by 1 percent over the rates in effect on
 63 30 June 30, 2016.
 63 31 (2) For managed care claims, the reimbursement rate floor
 63 32 shall be increased by 1 percent over the rate floor in effect
 63 33 on April 1, 2016.

Requires an increase in the upper payment limits and reimbursement rates for home and community-based services waiver service providers for which the rate floor is based on the average aggregate reimbursement rate. The rates are to be increased by 1.00% over the rate in effect in FY 2016.

DETAIL: This change is estimated to cost the Medicaid Program \$2,200,000 in FY 2017.

63 34 r. For the fiscal year beginning July 1, 2016, the
 63 35 reimbursement rates for emergency medical service providers

Requires the reimbursement rates for emergency medical providers to remain at the rate in effect in FY 2016.

63 36 shall remain at the rates in effect on June 30, 2016.

63 37 2. For the fiscal year beginning July 1, 2016, the
63 38 reimbursement rate for providers reimbursed under the
63 39 in-home-related care program shall not be less than the
64 1 minimum payment level as established by the federal government
64 2 to meet the federally mandated maintenance of effort
64 3 requirement.

64 4 3. Unless otherwise directed in this section, when the
64 5 department's reimbursement methodology for any provider
64 6 reimbursed in accordance with this section includes an
64 7 inflation factor, this factor shall not exceed the amount
64 8 by which the consumer price index for all urban consumers
64 9 increased during the calendar year ending December 31, 2002.

64 10 4.—For Notwithstanding section 234.38, for the fiscal
64 11 year beginning July 1, 2016, the foster family basic daily
64 12 maintenance rate and the maximum adoption subsidy rate for
64 13 children ages 0 through 5 years shall be \$16.78, the rate for
64 14 children ages 6 through 11 years shall be \$17.45, the rate for
64 15 children ages 12 through 15 years shall be \$19.10, and the
64 16 rate for children and young adults ages 16 and older shall be
64 17 \$19.35. For youth ages 18 to 21 who have exited foster care,
64 18 the preparation for adult living program maintenance rate
64 19 shall be \$602.70 per month. The maximum payment for adoption
64 20 subsidy nonrecurring expenses shall be limited to \$500 and the
64 21 disallowance of additional amounts for court costs and other
64 22 related legal expenses implemented pursuant to 2010 Iowa Acts,
64 23 chapter 1031, section 408, shall be continued.

64 24 5. For the fiscal year beginning July 1, 2016, the maximum
64 25 reimbursement rates for social services providers under
64 26 contract shall remain at the rates in effect on June 30, 2016,
64 27 or the provider's actual and allowable cost plus inflation for
64 28 each service, whichever is less. However, if a new service
64 29 or service provider is added after June 30, 2016, the initial
64 30 reimbursement rate for the service or provider shall be
64 31 based upon a weighted average of provider rates for similar
64 32 services.

64 33 6. For the fiscal year beginning July 1, 2016, the
64 34 reimbursement rates for resource family recruitment and
64 35 retention contractors, child welfare emergency services
64 36 contractors, and supervised apartment living foster care
64 37 providers shall remain at the rates in effect on June 30,
64 38 2016.

Requires that the minimum reimbursement payment for providers for the In-Home-Related Care Program to be no less than the minimum payment established by the federal government for FY 2017.

Specifies that when the required reimbursement methodology for providers under this section includes an inflation factor, the factor cannot exceed the increase in the Consumer Price Index (CPI) for Urban Consumers for the calendar year ending December 31, 2002.

Requires the reimbursement rates for the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children from birth through age 21 to remain at the rate in effect for FY 2016.

Requires the reimbursement rate for social services providers under contract to remain at the rate in effect for FY 2016. However, if a new service or service provider is added during FY 2017, the initial reimbursement rate will be based on a weighted average of provider rates for similar services.

Requires the reimbursement rates for the resource family recruitment and retention contractors, child welfare emergency services contractors, and supervised apartment living foster care providers to remain at the rate in effect in FY 2016.

64 39 7. a. For the purposes of this subsection, "combined
 65 1 reimbursement rate" means the combined service and maintenance
 65 2 reimbursement rate for a service level under the department's
 65 3 reimbursement methodology. Effective July 1, 2016, the
 65 4 combined reimbursement rate for a group foster care service
 65 5 level shall be the amount designated in this subsection.
 65 6 However, if a group foster care provider's reimbursement rate
 65 7 for a service level as of June 30, 2016, is more than the rate
 65 8 designated in this subsection, the provider's reimbursement
 65 9 shall remain at the higher rate.

Requires the combined service and maintenance reimbursement rate for group foster care providers in FY 2017 to remain at the rate in effect in FY 2016. However, if a group foster care provider's reimbursement rate for a service level as of FY 2016 is higher, then the provider's reimbursement will remain at the higher rate.

65 10 b. Unless a group foster care provider is subject to
 65 11 the exception provided in paragraph "a", effective July 1,
 65 12 2016, the combined reimbursement rates for the service levels
 65 13 under the department's reimbursement methodology shall be as
 65 14 follows:
 65 15 (1) For service level, community - D1, the daily rate shall
 65 16 be at least \$84.17.
 65 17 (2) For service level, comprehensive - D2, the daily rate
 65 18 shall be at least \$119.09.
 65 19 (3) For service level, enhanced - D3, the daily rate shall
 65 20 be at least \$131.09.

Sets daily combined reimbursement rates for group foster care providers for each service level.

65 21 8. The group foster care reimbursement rates paid for
 65 22 placement of children out of state shall be calculated
 65 23 according to the same rate-setting principles as those used
 65 24 for in-state providers, unless the director of human services
 65 25 or the director's designee determines that appropriate care
 65 26 cannot be provided within the state. The payment of the daily
 65 27 rate shall be based on the number of days in the calendar
 65 28 month in which service is provided.

Requires the group foster care reimbursement rates paid for placement of children out-of-state to be calculated according to the same rate-setting principles as those used for in-state providers, unless the Director of the DHS determines that appropriate care cannot be provided in the state. Also, requires payment of the daily rate to be based on the number of days in the calendar month this service is provided.

65 29 9. a. For the fiscal year beginning July 1, 2016, the
 65 30 reimbursement rate paid for shelter care and the child welfare
 65 31 emergency services implemented to provide or prevent the need
 65 32 for shelter care shall be established by contract.

Requires the statewide average reimbursement rates paid to shelter care providers to be established by contract.

65 33 b. For the fiscal year beginning July 1, 2016, the combined
 65 34 service and maintenance components of the reimbursement rate
 65 35 paid for shelter care services shall be based on the financial
 65 36 and statistical report submitted to the department. The
 65 37 maximum reimbursement rate shall be \$101.83 per day. The
 65 38 department shall reimburse a shelter care provider at the
 65 39 provider's actual and allowable unit cost, plus inflation, not
 66 1 to exceed the maximum reimbursement rate.

Requires the FY 2017 combined service and maintenance components of the reimbursement rate paid to shelter care providers to be based on the cost report submitted to the DHS. Also, requires a maximum reimbursement rate of \$101.83 per day and requires the DHS to reimburse shelter care providers at the actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.

66 2 c. Notwithstanding section 232.141, subsection 8, for
 66 3 the fiscal year beginning July 1, 2016, the amount of the

Requires the statewide Average Reimbursement Rates paid to shelter care providers in FY 2017 to remain at the rate in effect in FY 2016.

66 4 statewide average of the actual and allowable rates for
66 5 reimbursement of juvenile shelter care homes that is utilized
66 6 for the limitation on recovery of unpaid costs shall remain
66 7 at the amount in effect for this purpose in the fiscal year
66 8 beginning July 1, 2015.

NOTE: During the 2016 Legislative Session, SF 2035 (FY 2016 Shelter Care Providers Increase Act) increased the statewide average of the actual and allowable by \$4.85 retroactive to July 1, 2015.

66 9 10. For the fiscal year beginning July 1, 2016,
66 10 the department shall calculate reimbursement rates for
66 11 intermediate care facilities for persons with an intellectual
66 12 disability at the 80th percentile. Beginning July 1, 2016,
66 13 the rate calculation methodology shall utilize the consumer
66 14 price index inflation factor applicable to the fiscal year
66 15 beginning July 1, 2016.

Requires the DHS to calculate reimbursement rates for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) at the 80th percentile for FY 2016.

66 16 11. For the fiscal year beginning July 1, 2016, for
66 17 child care providers reimbursed under the state child
66 18 care assistance program, the department shall set provider
66 19 reimbursement rates based on the rate reimbursement survey
66 20 completed in December 2004. Effective July 1, 2016, the child
66 21 care provider reimbursement rates shall remain at the rates
66 22 in effect on June 30, 2016. The department shall set rates
66 23 in a manner so as to provide incentives for a nonregistered
66 24 provider to become registered by applying the increase only to
66 25 registered and licensed providers.

Requires the DHS to set FY 2017 provider reimbursement rates for child care providers based on the rate reimbursement survey completed in December 2004 and at the same level as FY 2016.

66 26 11A. For the fiscal year beginning July 1, 2016,
66 27 notwithstanding any provision to the contrary under this
66 28 section, affected providers or services shall be reimbursed
66 29 as follows:

66 30 a. For fee-for-service claims, reimbursement shall be
66 31 calculated based on the methodology otherwise specified in
66 32 this section for the fiscal year beginning July 1, 2016, for
66 33 the respective provider or service.

Specifies that fee-for-services rates are to be calculated based on the methodology in this section.

66 34 b. For claims subject to a managed care contract:

66 35 (1) With the exception of any provider or service to
66 36 which a reimbursement increase is applicable for the fiscal
66 37 year under this section, reimbursement shall be based on
66 38 the methodology established by the managed care contract.
66 39 However, any reimbursement established under such contract
67 1 shall not be lower than the rate floor established by the
67 2 department of human services as the managed care organization
67 3 provider or service reimbursement rate floor for the
67 4 respective provider or service in effect on April 1, 2016.

Specifies that with the exception of the rate increases provided in this section, managed care rates shall be based on the methodology established by contract but no lower than the rate floor established by the DHS on April 1, 2016.

67 5 (2) For any provider or service to which a reimbursement

Specifies that any provider that received an increase in this section

67 6 increase is applicable for the fiscal year under this section,
 67 7 upon the effective date of the reimbursement increase, the
 67 8 department of human services shall modify the rate floor in
 67 9 effect on April 1, 2016, to reflect the increase specified
 67 10 under this section. Any reimbursement established under the
 67 11 managed care contract shall not be lower than the rate floor
 67 12 as modified by the department of human services to reflect the
 67 13 provider rate increase specified under this section.

shall have their managed care rate floor increased by the necessary amount to reflect the increase.

67 14 13. The department may adopt emergency rules to implement
 67 15 this section.

Allows the DHS to adopt emergency rules to implement the section dealing with reimbursement rates.

67 16 Sec. 28. 2015 Iowa Acts, chapter 137, is amended by adding
 67 17 the following new section:
 67 18 NEW SECTION SEC. 151A. TRANSFER OF MEDICAID
 67 19 MODERNIZATION SAVINGS BETWEEN APPROPRIATIONS FY
 67 20 2016-2017. Notwithstanding section 8.39, subsection 1, for
 67 21 the fiscal year beginning July 1, 2016, if savings resulting
 67 22 from the governor's Medicaid modernization initiative accrue
 67 23 to the medical contracts or children's health insurance
 67 24 program appropriation from the general fund of the state
 67 25 and not to the medical assistance appropriation from the
 67 26 general fund of the state under this division of this Act,
 67 27 such savings may be transferred to such medical assistance
 67 28 appropriation for the same fiscal year without prior written
 67 29 consent and approval of the governor and the director of the
 67 30 department of management. The department of human services
 67 31 shall report any transfers made pursuant to this section to
 67 32 the legislative services agency.

Allows the DHS to transfer funds between appropriations to account for savings from the Medicaid managed care initiative.

67 33 DIVISION VI
 67 34 HEALTH CARE ACCOUNTS AND FUNDS — FY 2016-2017
 67 35 Sec. 29. 2015 Iowa Acts, chapter 137, section 152, is
 67 36 amended to read as follows:

67 37 SEC. 152. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 67 38 appropriated from the pharmaceutical settlement account
 67 39 created in section 249A.33 to the department of human services
 68 1 for the fiscal year beginning July 1, 2016, and ending June
 68 2 30, 2017, the following amount, or so much thereof as is
 68 3 necessary, to be used for the purpose designated:
 68 4 Notwithstanding any provision of law to the contrary, to
 68 5 supplement the appropriations made in this Act for medical
 68 6 contracts under the medical assistance program for the fiscal
 68 7 year beginning July 1, 2016, and ending June 30, 2017:
 68 8 \$ 1,001,088
 68 9 1,300,000

Pharmaceutical Settlement Account appropriation to the DHS for Medical Contracts in Medicaid.

DETAIL: This is a decrease of \$702,176 compared to estimated FY 2016.

68 10 Sec. 30. 2015 Iowa Acts, chapter 137, section 153, is
68 11 amended to read as follows:

68 12 SEC. 153. QUALITY ASSURANCE TRUST FUND — DEPARTMENT
68 13 OF HUMAN SERVICES. Notwithstanding any provision to the
68 14 contrary and subject to the availability of funds, there is
68 15 appropriated from the quality assurance trust fund created in
68 16 section 249L.4 to the department of human services for the
68 17 fiscal year beginning July 1, 2016, and ending June 30, 2017,
68 18 the following amounts, or so much thereof as is necessary, for
68 19 the purposes designated:

68 20 To supplement the appropriation made in this Act from the
68 21 general fund of the state to the department of human services
68 22 for medical assistance for the same fiscal year:
68 23 \$ 18,602,604
68 24 36,705,208

[Quality Assurance Trust Fund](#) appropriation to supplement nursing facilities under the Medicaid Program.

DETAIL: This is a decrease of \$500,000 compared to estimated FY 2016 due to less revenue available in the fund.

68 25 Sec. 31. 2015 Iowa Acts, chapter 137, section 154, is
68 26 amended to read as follows:

68 27 SEC. 154. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
68 28 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision
68 29 to the contrary and subject to the availability of funds,
68 30 there is appropriated from the hospital health care access
68 31 trust fund created in section 249M.4 to the department of
68 32 human services for the fiscal year beginning July 1, 2016,
68 33 and ending June 30, 2017, the following amounts, or so much
68 34 thereof as is necessary, for the purposes designated:
68 35 To supplement the appropriation made in this Act from the
68 36 general fund of the state to the department of human services
68 37 for medical assistance for the same fiscal year:

68 38 \$ 17,350,000
68 39 34,700,000

[Hospital Health Care Access Trust Fund](#) appropriation to the Medicaid Program.

DETAIL: This is no change compared to estimated FY 2016.

69 1 DIVISION VII
69 2 PROPERTY TAX RELIEF FUND BLOCK GRANT MONEY — FY 2016-2017

69 3 Sec. 32. 2015 Iowa Acts, chapter 137, section 157, is
69 4 amended to read as follows:
69 5 SEC. 157. PROPERTY TAX RELIEF FUND BLOCK GRANT MONEYS. The
69 6 moneys transferred to the property tax relief fund for the
69 7 fiscal year beginning July 1, ~~2015~~ 2016, from the federal
69 8 social services block grant pursuant to 2015 Iowa Acts,
69 9 House File 630, ~~and from the federal temporary assistance for~~
69 10 ~~needy families block grant~~, totaling at least ~~\$11,774,275~~
69 11 \$7,456,296, are appropriated to the department of human
69 12 services for the fiscal year beginning July 1, ~~2015~~ 2016,
69 13 and ending June 30, ~~2016~~ 2017, to be used for the purposes

Appropriates \$7,456,296 from the federal Social Services Block Grant to the Child and Family Services appropriation for FY 2017.

DETAIL: This is a decrease of \$3,934,052 compared to estimated FY 2016. The decrease in funding from this source is being made up by additional TANF Funds.

69 14 designated, notwithstanding any provision of law to the
 69 15 contrary:
 69 16 ~~—1. For distribution to any mental health and disability~~
 69 17 ~~services region where 25 percent of the region's projected~~
 69 18 ~~expenditures exceeds the region's projected fund balance:~~
 69 19 ~~..... \$ 480,000~~
 69 20 ~~—a. For purposes of this subsection:~~
 69 21 ~~—(1) "Available funds" means a county mental health and~~
 69 22 ~~services fund balance on June 30, 2015, plus the maximum~~
 69 23 ~~amount a county was allowed to levy for the fiscal year~~
 69 24 ~~beginning July 1, 2015.~~
 69 25 ~~—(2) "Projected expenditures" means the actual expenditures~~
 69 26 ~~of a mental health and disability services region as of June~~
 69 27 ~~30, 2015, multiplied by an annual inflation rate of 2 percent~~
 69 28 ~~plus the projected costs for new core services administered by~~
 69 29 ~~the region as provided in a region's regional service system~~
 69 30 ~~management plan approved pursuant to section 331.393 for the~~
 69 31 ~~fiscal year beginning July 1, 2015.~~
 69 32 ~~—(3) "Projected fund balance" means the difference between~~
 69 33 ~~a mental health and disability services region's available~~
 69 34 ~~funds and projected expenditures.~~
 69 35 ~~—b. If sufficient funds are not available to implement this~~
 69 36 ~~subsection, the department of human services shall distribute~~
 69 37 ~~funds to a region in proportion to the availability of funds.~~
 69 38 2. To be transferred to the appropriation in this Act for
 69 39 child and family services for the fiscal year beginning July
 70 1 1, 2016, to be used for the purpose of that appropriation:
 70 2 \$ 5,407,137
 70 3 6,880,223

70 4 DIVISION VIII
 70 5 PRIOR YEAR APPROPRIATIONS AND OTHER PROVISIONS

70 6 FAMILY INVESTMENT PROGRAM ACCOUNT FY 2015-2016

70 7 Sec. 33. 2015 Iowa Acts, chapter 137, section 7, subsection
 70 8 4, paragraph e, is amended to read as follows:
 70 9 e. For the JOBS program:
 70 10 \$ 17,540,398
 70 11 17,140,398

Deappropriates \$400,000 in FY 2016 from the Family Investment Program Account Promise Jobs allocation.

DETAIL: The deappropriated funds in this section are being redirected to Fund the FY 2016 Medicaid shortfall.

70 12 FAMILY INVESTMENT PROGRAM GENERAL FUND FY 2015-2016

70 13 Sec. 34. 2015 Iowa Acts, chapter 137, section 8, unnumbered
 70 14 paragraph 2, is amended to read as follows:
 70 15 To be credited to the family investment program (FIP)
 70 16 account and used for family investment program assistance
 70 17 under chapter 239B:

Deappropriates \$3,900,000 in FY 2016 from the Family Investment Program appropriation due to lower caseloads.

DETAIL: The deappropriated funds in this section are being redirected to Fund the FY 2016 Medicaid shortfall.

70 18 \$ 48,673,875
 70 19 44,773,875

70 20 Sec. 35. 2015 Iowa Acts, chapter 137, section 8, subsection
 70 21 1, is amended to read as follows:
 70 22 1. Of the funds appropriated in this section, ~~\$7,402,220~~
 70 23 \$7,002,220 is allocated for the JOBS program.

Conforming change to the allocation for the Promise Jobs Program due to the deappropriation above.

70 24 MEDICAL ASSISTANCE APPROPRIATION — FY 2015-2016

70 25 Sec. 36. 2015 Iowa Acts, chapter 137, section 12,
 70 26 unnumbered paragraph 2, is amended to read as follows:
 70 27 For medical assistance program reimbursement and
 70 28 associated costs as specifically provided in the reimbursement
 70 29 methodologies in effect on June 30, 2015, except as otherwise
 70 30 expressly authorized by law, consistent with options under
 70 31 federal law and regulations, and contingent upon receipt of
 70 32 approval from the office of the governor of reimbursement for
 70 33 each abortion performed under the program:
 70 34 \$1,303,191,564
 70 35 1,318,191,564

General Fund supplemental appropriation of \$15,000,000 for the Medicaid Program in FY 2016.

DETAIL: The supplemental appropriation, in addition to the \$2,000,000 transfer from Decategorization funds and a \$67,000,000 supplemental appropriation proposed in SF 2109 (FY 2016 Supplemental Appropriations Bill), provides an additional \$84,000,000 for the Medicaid Program in FY 2016.

70 36 MODERNIZATION EMERGENCY RULES FY 2015-2016

70 37 Sec. 37. 2015 Iowa Acts, chapter 137, section 12,
 70 38 subsection 24, is amended to read as follows:
 70 39 ~~—24. The department of human services may adopt emergency~~
 71 1 ~~rules as necessary to implement the governor's Medicaid~~
 71 2 ~~modernization initiative beginning January 1, 2016.~~

Strikes the language allowing the DHS to adopt emergency rules related to Medicaid managed care.

71 3 AUTISM SUPPORT PROGRAM FUND FY 2015-2016

71 4 Sec. 38. 2015 Iowa Acts, chapter 137, section 13,
 71 5 subsection 5, unnumbered paragraph 1, is amended to read as
 71 6 follows:
 71 7 Of the funds appropriated in this section, \$2,000,000
 71 8 shall be credited to the autism support program fund created
 71 9 in section 225D.2 to be used for the autism support program
 71 10 created in chapter 225D, with the exception of the following
 71 11 amounts of this allocation which shall be used as follows:

Specifies that the \$2,000,000 appropriated for FY 2016 is credited to the Autism Support Program Fund.

71 12 STATE SUPPLEMENTARY ASSISTANCE FY 2015-2016

71 13 Sec. 39. 2015 Iowa Acts, chapter 137, section 14,
 71 14 unnumbered paragraph 2, is amended to read as follows:
 71 15 For the state supplementary assistance program:
 71 16 \$ 42,997,187
 71 17 11,897,187

Deappropriates \$1,100,000 in FY 2016 from the State Supplementary Assistance Program appropriation.

DETAIL: The deappropriated funds in this section are being redirected to fund the FY 2016 Medicaid shortfall.

71 18 CHILD CARE ASSISTANCE FY 2015-2016

71 19 Sec. 40. 2015 Iowa Acts, chapter 137, section 16,
 71 20 unnumbered paragraph 2, is amended to read as follows:
 71 21 For child care programs:
 71 22\$ ~~51,408,668~~
 71 23 41,408,668

Deappropriates \$10,000,000 in FY 2016 from the Child Care Assistance Program appropriation.

DETAIL: The deappropriated funds in this section are being redirected to Fund the FY 2016 Medicaid shortfall.

71 24 Sec. 41. 2015 Iowa Acts, chapter 137, section 16,
 71 25 subsection 1, is amended to read as follows:
 71 26 1. Of the funds appropriated in this section, ~~\$43,689,241~~
 71 27 \$33,689,241 shall be used for state child care assistance in
 71 28 accordance with section 237A.13.

Conforming change to the allocation for Child Care Assistance Program due to the deappropriation above.

71 29 Sec. 42. 2015 Iowa Acts, chapter 137, section 16,
 71 30 subsection 9, is amended to read as follows:
 71 31 9. Notwithstanding section 8.33, moneys ~~advanced for~~
 71 32 ~~purposes of the programs developed by early childhood Iowa~~
 71 33 ~~areas, advanced for purposes of wraparound child care,~~
 71 34 appropriated in this section or received from the federal
 71 35 appropriations made for the purposes of this section that
 71 36 remain unencumbered or unobligated at the close of the fiscal
 71 37 year shall not revert to any fund but shall remain available
 71 38 for expenditure for the purposes designated until the close
 71 39 of the succeeding fiscal year.

Permits nonreversion of the General Fund Child Care Assistance appropriation.

72 1 NURSING FACILITY BUDGET FY 2015-2016

72 2 Sec. 43. 2015 Iowa Acts, chapter 137, section 29,
 72 3 subsection 1, paragraph a, subparagraph (1), is amended to
 72 4 read as follows:
 72 5 (1) For the fiscal year beginning July 1, 2015, the total
 72 6 state funding amount for the nursing facility budget shall not
 72 7 exceed ~~\$151,421,158~~ \$227,131,737.

Increases the nursing facility cap by \$75,710,579 to account for the April 1, 2016, implementation date for managed care.

72 8 Sec. 44. EFFECTIVE UPON ENACTMENT. This division of this
 72 9 Act, being deemed of immediate importance, takes effect upon
 72 10 enactment.

This Division is effective on enactment.

72 11 Sec. 45. RETROACTIVE APPLICABILITY. This division of this
 72 12 Act is retroactively applicable to July 1, 2015.

This Division applies retroactively to July 1, 2015.

72 13 DIVISION IX

72 14 DECATEGORIZATION

72 15 Sec. 46. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO
 72 16 MEDICAID PROGRAM. Notwithstanding section 232.188, subsection
 72 17 5, paragraph "b", any state appropriated moneys in the funding
 72 18 pool that remained unencumbered or unobligated at the close

Transfers funds from the Decategorization carryforward in FY 2015, which would otherwise revert to the General Fund, to Medicaid in FY 2016.

DETAIL: The estimated carryforward transfer is \$2,000,000.

72 19 of the fiscal year beginning July 1, 2013, and were deemed
 72 20 carryover funding to remain available for the two succeeding
 72 21 fiscal years that still remain unencumbered or unobligated at
 72 22 the close of the fiscal year beginning July 1, 2015, shall
 72 23 not revert but shall be transferred to the medical assistance
 72 24 program for the fiscal year beginning July 1, 2015.

72 25 Sec. 47. EFFECTIVE UPON ENACTMENT. This division of this
 72 26 Act, being deemed of immediate importance, takes effect upon
 72 27 enactment.

This Division is effective on enactment.

72 28 Sec. 48. RETROACTIVE APPLICABILITY. This division of this
 72 29 Act is retroactively applicable to July 1, 2015.

This Division is retroactive to July 1, 2015.

72 30 DIVISION X
 72 31 CODE CHANGES
 72 32 LOCAL OFFICES OF SUBSTITUTE DECISION MAKER

72 33 Sec. 49. Section 231E.4, subsection 3, paragraph a, Code
 72 34 2016, is amended to read as follows:
 72 35 a. Select persons through a request for proposals process
 72 36 to establish local offices of substitute decision maker in
 72 37 each of the planning and service areas. Local offices shall
 72 38 be established statewide on or before July 1, ~~2017~~ 2018.

CODE: Extends the establishment date for local Office of Substitute Decision Maker offices to July 1, 2018.

73 1 INSTITUTIONS FOR PERSONS WITH AN INTELLECTUAL DISABILITY —
 73 2 ASSESSMENT

73 3 Sec. 50. Section 222.60A, Code 2016, is amended to read as
 73 4 follows:
 73 5 222.60A COST OF ASSESSMENT.
 73 6 Notwithstanding any provision of this chapter to the
 73 7 contrary, any amount attributable to any ~~fee-assessed~~
 73 8 assessment pursuant to section 249A.21 that would otherwise
 73 9 be the liability of any county shall be paid by the state.
 73 10 The department may transfer funds from the appropriation for
 73 11 medical assistance to pay any amount attributable to any ~~fee-~~
 73 12 ~~assessed~~ assessment pursuant to section 249A.21 that is a
 73 13 liability of the state.

CODE: Amends language related to the assessment for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to conform to the transition to managed care.

73 14 Sec. 51. Section 249A.12, subsection 3, paragraph c, Code
 73 15 2016, is amended to read as follows:
 73 16 c. ~~Effective February 1, 2002, the~~ The state shall be
 73 17 responsible for all of the nonfederal share of the costs of
 73 18 intermediate care facility for persons with an intellectual
 73 19 disability services provided under medical assistance
 73 20 attributable to the assessment ~~fee~~ for intermediate care
 73 21 facilities for individuals with an intellectual disability

CODE: Amends language related to the assessment for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to conform to the transition to managed care.

73 22 imposed pursuant to section 249A.21. Effective February 1,
73 23 ~~2003, a~~ A county is not required to reimburse the department
73 24 and shall not be billed for the nonfederal share of the costs
73 25 of such services attributable to the assessment fee.

73 26 Sec. 52. Section 249A.21, Code 2016, is amended to read as
73 27 follows:
73 28 249A.21 INTERMEDIATE CARE FACILITIES FOR PERSONS WITH AN
73 29 INTELLECTUAL DISABILITY — ASSESSMENT.

73 30 1.—~~The department may assess An~~ intermediate care
73 31 ~~facilities~~ facility for persons with an intellectual
73 32 disability, as defined in section 135C.1, ~~a fee in~~ shall be
73 33 assessed an amount for the preceding calendar quarter, not to
73 34 exceed six percent of the ~~total annual revenue of the facility~~
73 35 ~~for the preceding fiscal year~~ actual paid claims for the
73 36 previous quarter.

73 37 2. The assessment shall be paid by each intermediate care
73 38 facility for persons with an intellectual disability to the
73 39 department ~~in equal monthly amounts on or before the fifteenth~~
74 1 ~~day of each month on a quarterly basis~~. The department may
74 2 deduct the monthly amount from medical assistance payments to
74 3 ~~a facility described in subsection 1. The amount deducted~~
74 4 ~~from payments shall not exceed the total amount of the~~
74 5 ~~assessments due~~ An intermediate care facility for persons with
74 6 an intellectual disability shall submit the assessment amount
74 7 no later than thirty days following the end of each calendar
74 8 quarter.

74 9 3.—~~Revenue from the assessments shall be credited~~ The
74 10 department shall collect the assessment imposed and shall
74 11 credit all revenues collected to the state medical assistance
74 12 appropriation. This revenue may be used only for services
74 13 for which federal financial participation under the medical
74 14 assistance program is available to match state funds.

74 15 4. If the department determines that an intermediate care
74 16 facility for persons with an intellectual disability has
74 17 underpaid or overpaid the assessment, the department shall
74 18 notify the intermediate care facility for persons with an
74 19 intellectual disability of the amount of the unpaid assessment
74 20 or refund due. Such payment or refund shall be due or
74 21 refunded within thirty days of the issuance of the notice.

74 22 5. An intermediate care facility for persons with an
74 23 intellectual disability that fails to pay the assessment
74 24 within the time frame specified in this section shall pay,
74 25 in addition to the outstanding assessment, a penalty in the
74 26 amount of one and five-tenths percent of the assessment amount
74 27 owed for each month or portion of each month the payment
74 28 is overdue. However, if the department determines that
74 29 good cause is shown for failure to comply with payment of

CODE: Amends language related to the assessment for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to conform to the transition to managed care.

74 30 the assessment, the department shall waive the penalty or a
 74 31 portion of the penalty.
 74 32 6. If an assessment has not been received by the department
 74 33 by the last day of the third month after the payment is due,
 74 34 the department shall suspend payment due the intermediate care
 74 35 facility for persons with an intellectual disability under the
 74 36 medical assistance program including payments made on behalf
 74 37 of the medical assistance program by a Medicaid managed care
 74 38 contractor.
 74 39 7. The assessment imposed under this section constitutes
 75 1 a debt due and owing the state and may be collected by civil
 75 2 action, including but not limited to the filing of tax liens,
 75 3 and any other method provided for by law.
 75 4 8. If federal financial participation to match the
 75 5 assessments made under subsection 1 becomes unavailable under
 75 6 federal law, the department shall terminate the imposing
 75 7 of the assessments beginning on the date that the federal
 75 8 statutory, regulatory, or interpretive change takes effect.
 75 9 ~~—5: 9.~~ The department of human services may procure a sole
 75 10 source contract to implement the provisions of this section.
 75 11 ~~—6: 10.~~ The department may adopt administrative rules under
 75 12 section 17A.4, subsection 3, and section 17A.5, subsection 2,
 75 13 paragraph “b”, to implement this section, and any fee assessed
 75 14 ~~pursuant to this section against an intermediate care facility~~
 75 15 ~~for persons with an intellectual disability that is operated~~
 75 16 ~~by the state may be made retroactive to October 1, 2003.~~

75 17 DIVISION XI
 75 18 HOSPITAL HEALTH CARE ACCESS ASSESSMENT

75 19 Sec. 53. Section 249M.5, Code 2016, is amended to read as
 75 20 follows:
 75 21 249M.5 FUTURE REPEAL.
 75 22 This chapter is repealed ~~June 30, 2016~~ July 1, 2017.

CODE: Extends the repeal of the Hospital Health Care Access Assessment Program until the end of FY 2017.

75 23 Sec. 54. REVIEW OF ALTERNATIVE ASSESSMENT
 75 24 METHODOLOGY. The department of human services shall
 75 25 explore alternative hospital health care access assessment
 75 26 methodologies and shall make recommendations to the governor
 75 27 and the general assembly by December 15, 2016, regarding
 75 28 continuation of the hospital health care access assessment
 75 29 program beyond July 1, 2017, and an alternative assessment
 75 30 methodology. Any continuation of the program and assessment
 75 31 methodology shall meet all of the following guidelines:
 75 32 1. All funds generated by the assessment shall be returned
 75 33 to participating hospitals in the form of higher Medicaid
 75 34 payments, with the exception of \$3,800,000 which shall be used
 75 35 to supplement the medical assistance appropriation.

Requires the DHS to explore alternatives to the current hospital assessment methodology and make recommendations to the Governor and the General Assembly by December 15, 2016. This section of the bill sets guidelines that the new methodology must meet.

75 36 2. Continuation of the program and any new assessment
75 37 methodology shall be subject to any required federal approval.

75 38 3. Any new assessment methodology shall minimize the
75 39 negative financial impact on participating hospitals to the
76 1 greatest extent possible.

76 2 4. Any new assessment methodology shall result in at
76 3 least the same if not a greater aggregate financial benefit
76 4 to participating hospitals compared with the benefit existing
76 5 under the program prior to July 1, 2016.

76 6 5. Only participating hospitals subject to imposition
76 7 of the assessment shall receive a financial return from the
76 8 program.

76 9 6. Any continuation of the program shall include a means
76 10 of tracking the financial return to individual participating
76 11 hospitals.

76 12 7. Any quality metrics utilized by the program, if
76 13 continued, shall align with similar metrics being used under
76 14 Medicare and the state innovation model initiative process.

76 15 8. Any new assessment methodology shall incorporate a
76 16 recognition of the increased costs attributable to care and
76 17 services such as inpatient psychiatric care, rehabilitation
76 18 services, and neonatal intensive care units.

76 19 9. Any continuation of the program shall include oversight
76 20 and review by the hospital health care access trust fund board
76 21 created in section 249M.4.

76 22 Sec. 55. EFFECTIVE UPON ENACTMENT. This division of this
76 23 Act, being deemed of immediate importance, takes effect upon
76 24 enactment.

76 25 Sec. 56. RETROACTIVE APPLICABILITY. The section of this
76 26 division of this Act amending section 249M.5, Code 2016, is
76 27 retroactively applicable to June 30, 2016.

76 28 DIVISION XII
76 29 AUTISM SUPPORT PROGRAM

76 30 Sec. 57. Section 135.181, subsections 1 and 2, Code 2016,
76 31 are amended to read as follows:

76 32 1. The department shall establish a board-certified
76 33 behavior analyst and board-certified assistant behavior
76 34 analyst grants program to provide grants to Iowa resident and
76 35 nonresident applicants who have been accepted for admission
76 36 or are attending a ~~board of regents~~ university, community
76 37 college, or an accredited private institution, within or
76 38 outside the state of Iowa, are enrolled in a program that is
76 39 accredited and meets coursework requirements to prepare the

The section relating to the repeal of the Hospital Health Care Access Provider Assessment is effective on enactment and retroactive to June 30, 2016.

CODE: Amends the Board-Certified Behavior Analyst and Board-Certified Assistant Behavior Analyst Grant Program.

CODE: Expands the Grant Program to any accredited university, community college, or accredited private institution within or outside the State of Iowa.

77 1 applicant to be eligible for board certification as a behavior
 77 2 analyst or assistant behavior analyst, and demonstrate
 77 3 financial need. ~~Priority in the awarding of a grant shall be~~
 77 4 ~~given to applicants who are residents of Iowa.~~
 77 5 2. The department, in cooperation with the department
 77 6 of education, shall adopt rules pursuant to chapter 17A to
 77 7 establish minimum standards for applicants to be eligible for
 77 8 a grant that address all of the following:

77 9 a. Eligibility requirements for and qualifications of
 77 10 an applicant to receive a grant. The applicant shall agree
 77 11 to practice in the state of Iowa for a period of time, not
 77 12 to exceed four years, as specified in the contract entered
 77 13 into between the applicant and the department at the time the
 77 14 grant is awarded. In addition, the applicant shall agree, as
 77 15 specified in the contract, that during the contract period,
 77 16 the applicant will assist in supervising an individual working
 77 17 toward board certification as a behavior analyst or assistant
 77 18 behavior analyst or to consult with schools and service
 77 19 providers that provide services and supports to individuals
 77 20 with autism.

77 21 b. The application process for the grant.

77 22 c. Criteria for preference in awarding of the grants.
 77 23 Priority in the awarding of a grant shall be given to
 77 24 applicants who are residents of Iowa.

77 25 d. Determination of the amount of a grant. The amount
 77 26 of funding awarded to each applicant shall be based on the
 77 27 applicant's enrollment status, the number of applicants, and
 77 28 the total amount of available funds. The total amount of
 77 29 funds awarded to an individual applicant shall not exceed
 77 30 fifty percent of the total costs attributable to program
 77 31 tuition and fees, annually.

77 32 e. Use of the funds awarded. Funds awarded may be used
 77 33 to offset the costs attributable to tuition and fees for the
 77 34 accredited behavior analyst or assistant behavior analyst
 77 35 program.

77 36 Sec. 58. Section 135.181, Code 2016, is amended by adding
 77 37 the following new subsection:

77 38 NEW SUBSECTION 4. The department shall submit a report
 77 39 to the governor and the general assembly no later than January
 78 1 1, annually, that includes but is not limited to all of the
 78 2 following:

78 3 a. The number of applications received for the immediately
 78 4 preceding fiscal year.

CODE: Requires the applicant to agree to practice in Iowa for no more than four years as specified by the contract between the applicant and DPH. Also requires the applicant to agree to supervise an individual working towards board certification or consult with schools and service providers.

CODE: Requires priority for Iowa residents.

CODE: Limits awards based on enrollment status, number of applicants, and the total amount of funds. Awards cannot be greater than 50.00% of the program tuition and fees.

CODE: Funds may only be used for tuition and fees.

CODE: Requires the DPH to submit a report by January 1, annually, that covers the number of applications received, the number of applications approved, the total funding awards, the costs of administering the program, and any recommended changes.

78 5 b. The number of applications approved and the total amount
 78 6 of funding awarded in grants in the immediately preceding
 78 7 fiscal year.
 78 8 c. The cost of administering the program in the immediately
 78 9 preceding fiscal year.
 78 10 d. Recommendations for any changes to the program.

78 11 Sec. 59. Section 225D.1, subsection 8, Code 2016, is
 78 12 amended to read as follows:
 78 13 8. "Eligible individual" means a child less than ~~nine~~
 78 14 fourteen years of age who has been diagnosed with autism
 78 15 based on a diagnostic assessment of autism, is not otherwise
 78 16 eligible for coverage for applied behavioral analysis
 78 17 treatment under the medical assistance program, section
 78 18 514C.28, or private insurance coverage, and whose household
 78 19 income does not exceed ~~four~~ five hundred percent of the
 78 20 federal poverty level.
 78 21 Sec. 60. Section 225D.2, subsection 2, paragraphs c and d,
 78 22 Code 2016, are amended to read as follows:
 78 23 c. Notwithstanding the age limitation for an eligible
 78 24 individual, a provision that if an eligible individual reaches
 78 25 ~~nine~~ fourteen years of age prior to completion of the maximum
 78 26 applied behavioral analysis treatment period specified in
 78 27 paragraph "b", the individual may complete such treatment in
 78 28 accordance with the individual's treatment plan, not to exceed
 78 29 the maximum treatment period.
 78 30 d. A graduated schedule for cost-sharing by an eligible
 78 31 individual based on a percentage of the total benefit amount
 78 32 expended for the eligible individual, annually. Cost-sharing
 78 33 shall be applicable to eligible individuals with household
 78 34 incomes at or above two hundred percent of the federal poverty
 78 35 level in incrementally increased amounts up to a maximum of
 78 36 ~~ten~~ fifteen percent. The rules shall provide a financial
 78 37 hardship exemption from payment of the cost-sharing based on
 78 38 criteria established by rule of the department.

78 39 Sec. 61. AUTISM SUPPORT FUND — TRANSFER.
 79 1 Notwithstanding section 225D.2, moneys credited to the autism
 79 2 support fund that remain unexpended or unobligated at the
 79 3 close of the fiscal year beginning July 1, 2015, shall be
 79 4 transferred to the appropriation in this Act for medical
 79 5 contracts to be used for the purpose of that appropriation for
 79 6 the succeeding fiscal year.

79 7 Sec. 62. EFFECTIVE DATE. The section of this division
 79 8 of this Act providing for transfer of moneys in the autism
 79 9 support fund that remain unexpended or unobligated at the
 79 10 close of the fiscal year beginning July 1, 2015, being deemed

CODE: Expands eligibility from nine to fourteen years of age and from 400.00% to 500.00% of the federal poverty level for the Autism Support Program. The maximum cost sharing is also increased from 10.00% to 15.00%.

DETAIL: The federal poverty level for a family of four is \$121,500 at 500.00%.

Specifies that any funds remaining in the Autism Services Fund at the end of FY 2016 shall be used to fund Medical Contracts in FY 2017.

DETAIL: It is estimated there will be \$1,268,000 available.

The section related to the Autism Support Program Carryforward is effective on enactment and retroactive to July 1, 2015.

79 11 of immediate importance, takes effect upon enactment.
 79 12 Sec. 63. RETROACTIVE APPLICABILITY. The section of this
 79 13 division of this Act providing for transfer of moneys in the
 79 14 autism support fund that remain unexpended or unobligated
 79 15 at the close of the fiscal year beginning July 1, 2015, is
 79 16 retroactively applicable to July 1, 2015.

79 17 DIVISION XIII
 79 18 CHILDREN'S MENTAL HEALTH AND WELL-BEING
 79 19 Sec. 64. CHILDREN'S MENTAL HEALTH CRISIS SERVICES —
 79 20 PLANNING GRANTS.

79 21 1. The department of human services shall establish
 79 22 a request for proposals process, in cooperation with the
 79 23 departments of public health and education and the judicial
 79 24 branch, which shall be based upon recommendations for
 79 25 children's mental health crisis services described in the
 79 26 children's mental health and well-being workgroup final report
 79 27 submitted to the department on December 15, 2015.

Directs the DHS, in cooperation with the Department of Public Health and the Department of Education, to establish a Request for Proposals (RFP) process for the purpose of contracting for two planning grants for the development and implementation of children's mental health crisis services.

79 28 2. Planning grants shall be awarded to two lead entities.
 79 29 Each lead entity should be a member of a specifically
 79 30 designated coalition of three to four other entities that
 79 31 propose to serve different geographically defined areas of
 79 32 the state, but a lead entity shall not be a mental health and
 79 33 disability services region.

Defines parameters and restrictions for awarding planning grants. Planning grants will be awarded to two lead entities serving geographically defined areas of the state. These lead entities cannot be one of the mental health and disability services regions.

79 34 3. The request for proposals shall require each grantee to
 79 35 develop a plan for children's mental health crisis services
 79 36 for the grantee's defined geographic area that includes all
 79 37 of the following:

The Request for Proposals process requires planning grant awardees to develop a plan for children's mental health crisis services within a defined area that meets specified criteria.

79 38 a. Identification of the existing children's mental health
 79 39 crisis services in the defined area.

80 1 b. Identification of gaps in children's mental health
 80 2 crisis services in the defined area.

80 3 c. A plan for collection of data that demonstrates the
 80 4 effects of children's mental health crisis services through
 80 5 the collection of outcome data and surveys of the children
 80 6 affected and their families.

80 7 d. A method for using federal, state, and other funding
 80 8 including funding currently available, to implement and
 80 9 support children's mental health crisis services.

80 10 e. Utilization of collaborative processes developed from
 80 11 the recommendations from the children's mental health and
 80 12 well-being workgroup final report submitted to the department
 80 13 on December 15, 2015.

80 14 f. A recommendation for any additional state funding
 80 15 needed to establish a children's mental health crisis service

80 16 system in the defined area.
80 17 g. A recommendation for statewide standard requirements
80 18 for children's mental health crisis services, as defined in
80 19 the children's mental health and well-being workgroup final
80 20 report submitted to the department of human services on
80 21 December 15, 2015, including but not limited to all of the
80 22 following:
80 23 (1) Standardized primary care practitioner screenings.
80 24 (2) Standardized mental health crisis screenings.
80 25 (3) Standardized mental health and substance use disorder
80 26 assessments.
80 27 (4) Requirements for certain inpatient psychiatric
80 28 hospitals and psychiatric medical institutions for children
80 29 to accept and treat all children regardless of the acuity of
80 30 their condition.

80 31 4. Each grantee shall submit a report to the department
80 32 by December 15, 2016. The department shall combine the
80 33 essentials of each report and shall submit a report to
80 34 the general assembly by January 15, 2017, regarding the
80 35 department's conclusions and recommendations.

Directs the DHS to compile reports from each children's mental health crisis services planning grant awardee and submit a full legislative report, including conclusions and recommendations, to the General Assembly by January 15, 2017.

80 36 Sec. 65. CHILDREN'S WELL-BEING LEARNING LABS. The
80 37 department of human services, utilizing existing departmental
80 38 resources and with the continued assistance of a private child
80 39 welfare foundation focused on improving child well-being,
81 1 shall study and collect data on emerging, collaborative
81 2 efforts in existing programs engaged in addressing well-being
81 3 for children with complex needs and their families in
81 4 communities across the state. The department shall establish
81 5 guidelines based upon recommendations in the children's mental
81 6 health and well-being workgroup final report submitted to
81 7 the department on December 15, 2015, to select three to five
81 8 such programs to be designated learning labs to enable the
81 9 department to engage in a multi-site learning process during
81 10 the 2016 calendar year with a goal of creating an expansive
81 11 structured learning network. The department shall submit
81 12 a report with recommendations including lessons learned,
81 13 suggested program design refinements, and implications for
81 14 funding, policy changes, and best practices to the general
81 15 assembly by January 15, 2017.

Directs the DHS to study and collect data on existing children's programs across the state that address well-being for children with complex needs and their families. The DHS is to select three to five existing programs to serve as designated learning labs. The DHS shall submit a report on existing programs engaged in addressing the well-being of children with complex needs and their families, including lessons learned, policy changes, best practices, implications for funding and recommendations. The report is due to the General Assembly by January 15, 2017.

81 16 Sec. 66. DEPARTMENT OF HUMAN SERVICES — ADDITIONAL
81 17 STUDY REPORTS. The department of human services shall, in
81 18 consultation with the department of public health, the mental
81 19 health and disability services commission, and the mental
81 20 health planning council, submit a report with recommendations
81 21 to the general assembly by December 15, 2016, regarding all of

Directs the DHS, in consultation with the DPH, the Mental Health and Disability Services Commission, and the Mental Health Planning Council, to submit a legislative report with recommendations for a statewide children's mental health crisis service system, including current children's mental health crisis service systems and children's mental health crisis service system telephone lines, as well as a

81 22	the following:	children's mental health public education and awareness campaign.
81 23	1. The creation and implementation of a statewide	The report is due to the General Assembly by December 15, 2016.
81 24	children's mental health crisis service system to include	
81 25	but not be limited to an inventory of all current children's	
81 26	mental health crisis service systems in the state including	
81 27	children's mental health crisis service system telephone	
81 28	lines. The report shall include recommendations regarding	
81 29	proposed changes to improve the effectiveness of and access to	
81 30	children's mental health crisis services.	
81 31	2. The development and implementation of a children's	
81 32	mental health public education and awareness campaign that	
81 33	targets the reduction of stigma for children with mental	
81 34	illness and that supports children with mental illness and	
81 35	their families in seeking effective treatment. The plan shall	
81 36	include potential methods for funding such a campaign.	
81 37	Sec. 67. CHILDREN'S MENTAL HEALTH AND WELL-BEING ADVISORY	Creates the Children's Mental Health and Well-Being Advisory
81 38	COMMITTEE. The department of human services shall create and	Committee to continue the efforts of the Children's Mental Health and
81 39	provide support to a children's mental health and well-being	Well-Being Workgroup. The advisory committee will select the three to
82 1	advisory committee to continue the coordinated efforts of	five learning labs and guide the implementation of the Workgroup's
82 2	the children's mental health subcommittee and the children's	recommendations.
82 3	well-being subcommittee of the children's mental health	
82 4	and well-being workgroup. Consideration shall be given to	
82 5	continued service by members of the children's mental health	
82 6	and well-being workgroup created pursuant to 2015 Iowa Acts,	
82 7	ch.137, and representatives from the departments of human	
82 8	services, public health, and education; the judicial branch;	
82 9	and other appropriate stakeholders designated by the director.	
82 10	The advisory committee shall do all of the following:	
82 11	1. Provide guidance regarding implementation of the	
82 12	recommendations in the children's mental health and well-being	
82 13	workgroup final report submitted to the department on December	
82 14	15, 2015, and subsequent reports required by this Act.	
82 15	2. Select and study additional children's well-being	
82 16	learning labs to assure a continued commitment to joint	
82 17	learning and comparison for all learning lab sites.	
82 18	DIVISION XIV	
82 19	OPIOID ANTAGONIST REVISION	
82 20	Sec. 68. Section 135.190, subsection 1, as enacted by 2016	CODE: Amends SF 2218 (FY 2016 Opioid Antagonist Authorization
82 21	Iowa Acts, Senate File 2218, section 1, is amended by adding	Act).
82 22	the following new paragraph:	
82 23	NEW PARAGRAPH 0a. "Licensed health care professional"	
82 24	means the same as defined in section 280.16.	
82 25	Sec. 69. Section 135.190, as enacted by 2016 Iowa Acts,	CODE: Clarifies a person in position to assist may be prescribed an
82 26	Senate File 2218, section 1, is amended by adding the	opioid antagonist from a licensed health care professional.

82 27 following new subsections:

82 28 NEW SUBSECTION 1A. a. Notwithstanding any other
82 29 provision of law to the contrary, a licensed health care
82 30 professional may prescribe an opioid antagonist to a person
82 31 in a position to assist.

82 32 b. (1) Notwithstanding any other provision of law to the
82 33 contrary, a pharmacist licensed under chapter 155A may, by
82 34 standing order or through collaborative agreement, dispense,
82 35 furnish, or otherwise provide an opioid antagonist to a person
82 36 in a position to assist.

82 37 (2) A pharmacist who dispenses, furnishes, or otherwise
82 38 provides an opioid antagonist pursuant to a valid
82 39 prescription, standing order, or collaborative agreement shall
83 1 provide instruction to the recipient in accordance with any
83 2 protocols and instructions developed by the department under
83 3 this section.

83 4 NEW SUBSECTION 4. The department may adopt rules pursuant
83 5 to chapter 17A to implement and administer this section.

83 6 Sec. 70. Section 135.190, subsection 3, as enacted by 2016
83 7 Iowa Acts, Senate File 2218, section 1, is amended to read as
83 8 follows:

83 9 3. A person in a position to assist or a prescriber of an
83 10 opioid antagonist who has acted reasonably and in good faith
83 11 shall not be liable for any injury arising from the provision,
83 12 administration, or assistance in the administration of an
83 13 opioid antagonist as provided in this section.

83 14 Sec. 71. Section 147A.18, subsections 1 and 5, as enacted
83 15 by 2016 Iowa Acts, Senate File 2218, section 3, are amended to
83 16 read as follows:

83 17 1. a. Notwithstanding any other provision of law to the
83 18 contrary, a licensed health care professional may prescribe
83 19 an opioid antagonist in the name of a service program, law
83 20 enforcement agency, or fire department to be maintained for
83 21 use as provided in this section.

83 22 b. (1) Notwithstanding any other provision of law to the
83 23 contrary, a pharmacist licensed under chapter 155A may, by
83 24 standing order or through collaborative agreement, dispense,
83 25 furnish, or otherwise provide an opioid antagonist in the
83 26 name of a service program, law enforcement agency, or fire
83 27 department to be maintained for use as provided in this
83 28 section.

83 29 (2) A pharmacist who dispenses, furnishes, or otherwise
83 30 provides an opioid antagonist pursuant to a valid
83 31 prescription, standing order, or collaborative agreement shall
83 32 provide instruction to the recipient in accordance with the

CODE: Allows a licensed pharmacist to prescribe an opioid antagonist to a person in position to assist under a standing order or collaborative agreement. Requires the pharmacist to provide instructions to the recipient. Permits the DPH to adopt rules to administer this section.

CODE: Adds a prescriber of an opioid antagonist to those covered by liability coverage.

CODE: Allows a licensed health care professional or pharmacist to prescribe an opioid antagonist to a trauma service program, law enforcement agency, or fire department under a standing order or collaborative agreement.

83 33 protocols and instructions developed by the department under
 83 34 this section.

83 35 5. The department ~~shall~~ may adopt rules pursuant to chapter
 83 36 17A to implement and administer this section, ~~including but~~
 83 37 ~~not limited to standards and procedures for the prescription,~~
 83 38 ~~distribution, storage, replacement, and administration of~~
 83 39 ~~opioid antagonists, and for the training and authorization~~
 84 1 ~~to be required for first responders to administer an opioid~~
 84 2 ~~antagonist.~~

CODE: Permits, rather than requires, DPH to adopt rules to administer the Opioid Antagonist Authorization Act.

84 3 Sec. 72. OPIOID ANTAGONIST IMPLEMENTATION
 84 4 CONTINGENCY. 2016 Iowa Acts, Senate File 2218, section
 84 5 4, is repealed.

Strikes the section that implements the Act on the contingency of funding availability.

84 6 Sec. 73. 2016 Iowa Acts, Senate File 2218, as enacted, is
 84 7 amended by adding the following new section:
 84 8 NEW SECTION SEC. ____ EFFECTIVE UPON ENACTMENT. This
 84 9 Act, being deemed of immediate importance, takes effect upon
 84 10 enactment.
 84 11 Sec. 74. EFFECTIVE DATE. This division of this Act, being
 84 12 deemed of immediate importance, takes effect upon enactment.
 84 13 Sec. 75. RETROACTIVE APPLICABILITY. This division of this
 84 14 Act applies retroactively to April 6, 2016.

CODE: Adds that SF 2218 is effective upon enactment and the division of this bill is retroactive to April 6, 2016.

84 15 DIVISION XV
 84 16 NURSING GRANT PROGRAMS

84 17 Sec. 76. Section 135.178, Code 2016, is amended to read as
 84 18 follows:
 84 19 135.178 NURSE RESIDENCY STATE MATCHING GRANTS PROGRAM ———
 84 20 ~~REPEAL~~ .
 84 21 ~~—1.~~ The department shall establish a nurse residency state
 84 22 matching grants program to provide matching state funding
 84 23 to sponsors of nurse residency programs in this state to
 84 24 establish, expand, or support nurse residency programs that
 84 25 meet standards adopted by rule of the department. Funding for
 84 26 the program may be provided through the health care workforce
 84 27 shortage fund or the nurse residency state matching grants
 84 28 program account created in section 135.175. The department,
 84 29 in cooperation with the Iowa board of nursing, the department
 84 30 of education, Iowa institutions of higher education with board
 84 31 of nursing-approved programs to educate nurses, and the Iowa
 84 32 nurses association, shall adopt rules pursuant to chapter 17A
 84 33 to establish minimum standards for nurse residency programs
 84 34 to be eligible for a matching grant that address all of the
 84 35 following:
 84 36 ~~—a:~~ 1. Eligibility requirements for and qualifications of

CODE: This division eliminates the sunset date for the Nurse Residency State Matching Grant Program and the Iowa Needs Nurses Now Program.

84 37 a sponsor of a nurse residency program to receive a grant,
84 38 including that the program includes both rural and urban
84 39 components.
85 1 ~~—b. 2.~~ The application process for the grant.
85 2 ~~—c. 3.~~ Criteria for preference in awarding of the grants.
85 3 ~~—d. 4.~~ Determination of the amount of a grant.
85 4 ~~—e. 5.~~ Use of the funds awarded. Funds may be used to pay
85 5 the costs of establishing, expanding, or supporting a nurse
85 6 residency program as specified in this section, including but
85 7 not limited to the costs associated with residency stipends
85 8 and nursing faculty stipends.

85 9 ~~—2. This section is repealed June 30, 2016.~~

85 10 Sec. 77. Section 261.129, Code 2016, is amended to read as
85 11 follows:

85 12 261.129 IOWA NEEDS NURSES NOW INITIATIVE ~~—— REPEAL~~ .

85 13 1. Nurse educator incentive payment program.

85 14 a. The commission shall establish a nurse educator
85 15 incentive payment program. Funding for the program may
85 16 be provided through the health care workforce shortage
85 17 fund or the health care professional and Iowa needs nurses
85 18 now initiative account created in section 135.175. For
85 19 the purposes of this subsection, “nurse educator” means a
85 20 registered nurse who holds a master’s degree or doctorate
85 21 degree and is employed as a faculty member who teaches nursing
85 22 in a nursing education program as provided in 655 IAC 2.6 at a
85 23 community college, an accredited private institution, or an
85 24 institution of higher education governed by the state board
85 25 of regents.

85 26 b. The program shall consist of incentive payments to
85 27 recruit and retain nurse educators. The program shall provide
85 28 for incentive payments of up to twenty thousand dollars for a
85 29 nurse educator who remains teaching in a qualifying teaching
85 30 position for a period of not less than four consecutive
85 31 academic years.

85 32 c. The nurse educator and the commission shall enter
85 33 into an agreement specifying the obligations of the nurse
85 34 educator and the commission. If the nurse educator leaves
85 35 the qualifying teaching position prior to teaching for four
85 36 consecutive academic years, the nurse educator shall be liable
85 37 to repay the incentive payment amount to the state, plus
85 38 interest as specified by rule. However, if the nurse educator
85 39 leaves the qualifying teaching position involuntarily, the
86 1 nurse educator shall be liable to repay only a pro rata
86 2 amount of the incentive payment based on incompleting years of
86 3 service.

86 4 d. The commission, in consultation with the department
86 5 of public health, the board of nursing, the department of
86 6 education, and the Iowa nurses association, shall adopt

86 7 rules pursuant to chapter 17A relating to the establishment
86 8 and administration of the nurse educator incentive payment
86 9 program. The rules shall include provisions specifying what
86 10 constitutes a qualifying teaching position.

86 11 2. Nursing faculty fellowship program.

86 12 a. The commission shall establish a nursing faculty
86 13 fellowship program to provide funds to nursing schools in
86 14 the state, including but not limited to nursing schools
86 15 located at community colleges, for fellowships for individuals
86 16 employed in qualifying positions on the nursing faculty.
86 17 Funding for the program may be provided through the health
86 18 care workforce shortage fund or the health care professional
86 19 and the Iowa needs nurses now initiative account created in
86 20 section 135.175. The program shall be designed to assist
86 21 nursing schools in filling vacancies in qualifying positions
86 22 throughout the state.

86 23 b. The commission, in consultation with the department
86 24 of public health, the board of nursing, the department of
86 25 education, and the Iowa nurses association, and in cooperation
86 26 with nursing schools throughout the state, shall develop a
86 27 distribution formula which shall provide that no more than
86 28 thirty percent of the available moneys are awarded to a single
86 29 nursing school. Additionally, the program shall limit funding
86 30 for a qualifying position in a nursing school to no more than
86 31 ten thousand dollars per year for up to three years.

86 32 c. The commission, in consultation with the department
86 33 of public health, the board of nursing, the department of
86 34 education, and the Iowa nurses association, shall adopt
86 35 rules pursuant to chapter 17A to administer the program. The
86 36 rules shall include provisions specifying what constitutes a
86 37 qualifying position at a nursing school.

86 38 d. In determining eligibility for a fellowship, the
86 39 commission shall consider all of the following:

87 1 (1) The length of time a qualifying position has gone
87 2 unfilled at a nursing school.

87 3 (2) Documented recruiting efforts by a nursing school.

87 4 (3) The geographic location of a nursing school.

87 5 (4) The type of nursing program offered at the nursing
87 6 school, including associate, bachelor's, master's, or doctoral
87 7 degrees in nursing, and the need for the specific nursing
87 8 program in the state.

87 9 3. Nurse educator scholarship program.

87 10 a. The commission shall establish a nurse educator
87 11 scholarship program. Funding for the program may be provided
87 12 through the health care workforce shortage fund or the health
87 13 care professional and the Iowa needs nurses now initiative
87 14 account created in section 135.175. The goal of the nurse
87 15 educator scholarship program is to address the waiting list of

87 16 qualified applicants to Iowa's nursing schools by providing
87 17 incentives for the training of additional nursing educators.
87 18 For the purposes of this subsection, "nurse educator" means
87 19 a registered nurse who holds a master's degree or doctorate
87 20 degree and is employed as a faculty member who teaches nursing
87 21 in a nursing education program as provided in 655 IAC 2.6 at a
87 22 community college, an accredited private institution, or an
87 23 institution of higher education governed by the state board
87 24 of regents.

87 25 b. The program shall consist of scholarships to further
87 26 advance the education of nurses to become nurse educators.
87 27 The program shall provide for scholarship payments in an
87 28 amount established by rule for students who are preparing to
87 29 teach in qualifying teaching positions.

87 30 c. The commission, in consultation with the department
87 31 of public health, the board of nursing, the department of
87 32 education, and the Iowa nurses association, shall adopt rules
87 33 pursuant to chapter 17A relating to the establishment and
87 34 administration of the nurse educator scholarship program. The
87 35 rules shall include provisions specifying what constitutes
87 36 a qualifying teaching position and the amount of any
87 37 scholarship.

87 38 4. Nurse educator scholarship-in-exchange-for-service
87 39 program.

88 1 a. The commission shall establish a nurse educator
88 2 scholarship-in-exchange-for-service program. Funding for the
88 3 program may be provided through the health care workforce
88 4 shortage fund or the health care professional and Iowa needs
88 5 nurses now initiative account created in section 135.175. The
88 6 goal of the nurse educator scholarship-in-exchange-for-service
88 7 program is to address the waiting list of qualified applicants
88 8 to Iowa's nursing schools by providing incentives for the
88 9 education of additional nursing educators. For the purposes
88 10 of this subsection, "nurse educator" means a registered
88 11 nurse who holds a master's degree or doctorate degree and is
88 12 employed as a faculty member who teaches nursing in a nursing
88 13 education program as provided in 655 IAC 2.6 at a community
88 14 college, an accredited private institution, or an institution
88 15 of higher education governed by the state board of regents.

88 16 b. The program shall consist of scholarships to
88 17 further advance the education of nurses to become
88 18 nurse educators. The program shall provide for
88 19 scholarship-in-exchange-for-service payments in an amount
88 20 established by rule for students who are preparing to teach in
88 21 qualifying teaching positions for a period of not less than
88 22 four consecutive academic years.

88 23 c. The scholarship-in-exchange-for-service recipient
88 24 and the commission shall enter into an agreement specifying

88 25 the obligations of the applicant and the commission.
 88 26 If the nurse educator leaves the qualifying teaching
 88 27 position prior to teaching for four consecutive academic
 88 28 years, the nurse educator shall be liable to repay the
 88 29 scholarship-in-exchange-for-service amount to the state plus
 88 30 interest as specified by rule. However, if the nurse educator
 88 31 leaves the qualified teaching position involuntarily, the
 88 32 nurse educator shall be liable to repay only a pro rata amount
 88 33 of the scholarship based on incomplete years of service.

88 34 d. The receipt of a nurse educator
 88 35 scholarship-in-exchange-for-service shall not impact
 88 36 eligibility of an individual for other financial incentives
 88 37 including but not limited to loan forgiveness programs.

88 38 e. The commission, in consultation with the department
 88 39 of public health, the board of nursing, the department
 89 1 of education, and the Iowa nurses association, shall
 89 2 adopt rules pursuant to chapter 17A relating to the
 89 3 establishment and administration of the nurse educator
 89 4 scholarship-in-exchange-for-service program. The rules
 89 5 shall include the provisions specifying what constitutes
 89 6 a qualifying teaching position and the amount of any
 89 7 scholarship-in-exchange-for-service.

89 8 ~~5. REPEAL. This section is repealed June 30, 2016.~~

89 9 Sec. 78. EFFECTIVE UPON ENACTMENT. This division of this
 89 10 Act, being deemed of immediate importance, takes effect upon
 89 11 enactment.

89 12 Sec. 79. RETROACTIVE APPLICABILITY. This division of this
 89 13 Act is retroactively applicable to June 30, 2016.

89 14 DIVISION XVI
 89 15 NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT
 89 16 LIMIT SUPPLEMENTAL PAYMENT PROGRAM

This Division is effective on enactment and applies retroactively to June 30, 2016.

Division XVI creates the Nursing Facility Supplemental Payment Program. The Program, if approved by the Centers for Medicare and Medicaid Services (CMS), will allow non-state-owned nursing facilities to partner with county hospitals by turning over their license to the hospital, enabling both to take advantage of the higher hospital-based Medicaid reimbursement rate for nursing facilities. Additional federal funds received from the transaction would be split between the nursing home and the hospital based on an agreement, and the state matching funds would be provided by the county hospital. There are currently three states that take advantage of this sort of Intergovernmental Transfer (IGT).

FISCAL IMPACT: This Division has no fiscal impact to the state. The Iowa Healthcare Association estimates that the Program could draw an additional \$206.4 million in federal funds for non-state-owned nursing facilities and hospitals, depending on the number of hospitals and nursing facilities that decide to partner and take advantage of this Program. The Program would require increased administration by DHS,

but it is assumed that increased administration would be funded by revenues generated by the Program.

89 17 Sec. 80. Section 249L.2, Code 2016, is amended by adding
 89 18 the following new subsections:
 89 19 NEW SUBSECTION 5A. "Non-state governmental entity" means
 89 20 a hospital authority, hospital district, health care district,
 89 21 city, or county.
 89 22 NEW SUBSECTION 5B. "Non-state government-owned nursing
 89 23 facility" means a nursing facility owned or operated by
 89 24 a non-state governmental entity for which a non-state
 89 25 governmental entity holds the nursing facility's license and
 89 26 is party to the nursing facility's Medicaid contract.
 89 27 Sec. 81. Section 249L.2, subsection 6, Code 2016, is
 89 28 amended to read as follows:

CODE: Redefines nursing facility to include non-state-owned nursing facilities if the facility is participating in an upper payment limit supplemental payment program.

89 29 6. "Nursing facility" means a licensed nursing facility as
 89 30 defined in section 135C.1 that is a freestanding facility or
 89 31 a nursing facility operated by a hospital licensed pursuant
 89 32 to chapter 135B, but does not include a distinct-part skilled
 89 33 nursing unit or a swing-bed unit operated by a hospital, or
 89 34 a nursing facility owned by the state or federal government
 89 35 ~~or other governmental unit.~~ "Nursing facility" includes a
 89 36 non-state government-owned nursing facility if the nursing
 89 37 facility participates in the non-state government-owned
 89 38 nursing facility upper payment limit supplemental payment
 89 39 program.

90 1 Sec. 82. NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER
 90 2 PAYMENT LIMIT SUPPLEMENTAL PAYMENT PROGRAM.

Requires the DHS to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to allow qualifying non-state-owned nursing facilities to receive a supplemental payment in accordance with upper payment limit requirements.

90 3 1. The department of human services shall submit, to
 90 4 the centers for Medicare and Medicaid services (CMS) of the
 90 5 United States department of health and human services, a
 90 6 Medicaid state plan amendment to allow qualifying non-state
 90 7 government-owned nursing facilities to receive a supplemental
 90 8 payment in accordance with the upper payment limit
 90 9 requirements pursuant to 42 C.F.R. §447.272. The supplemental
 90 10 payment shall be in addition to the greater of the Medicaid
 90 11 fee-for-service per diem reimbursement rate or the per diem
 90 12 payment established for the nursing facility under a Medicaid
 90 13 managed care contract.

90 14 2. At a minimum, the Medicaid state plan amendment shall
 90 15 provide for all of the following:

Requires the non-state-owned entity to provide the state share of the expected supplemental payment in the form of an intergovernmental

90 16 a. A non-state governmental entity shall provide the state
 90 17 share of the expected supplemental payment in the form of an

90 18 intergovernmental transfer to the state.

transfer to the state.

90 19 b. The state shall claim federal matching funds and shall
 90 20 make supplemental payments to eligible non-state governmental
 90 21 entities based on the supplemental amount as calculated by
 90 22 the state for each nursing facility for which a non-state
 90 23 governmental entity owns the nursing facility's license.
 90 24 A managed care contractor shall not retain any portion of
 90 25 the supplemental payment, but shall treat the supplemental
 90 26 payment as a pass through payment to the eligible non-state
 90 27 governmental entity.

Requires the state to claim federal matching funds and make supplemental payments to eligible non-state-owned entities based on the supplemental amount as calculated by the state for each nursing facility for which a non-state-owned entity owns the nursing facility's license. A managed care contractor cannot retain any portion of the supplemental payment and is to treat the supplemental payment as a pass-through payment to the eligible non-state-owned entity.

90 28 c. The supplemental payment program shall be budget
 90 29 neutral to the state. No general fund revenue shall
 90 30 be expended under the program including for costs of
 90 31 administration. If payments under the program result in
 90 32 overpayment to a nursing facility, or if CMS disallows federal
 90 33 participation related to a nursing facility's receipt or
 90 34 use of supplemental payments authorized under the program,
 90 35 the state may recoup an amount equivalent to the amount of
 90 36 supplemental payments overpaid or disallowed. Supplemental
 90 37 payments shall be subject to any adjustment for payments
 90 38 made in error, including but not limited to adjustments made
 90 39 by state or federal law, and the state may recoup an amount
 91 1 equivalent to any such adjustment.

Requires the Program to be budget neutral to the state. No General Fund revenue shall be expended under the Program including for costs of administration. Supplemental payments are subject to any adjustment for payments made in error.

91 2 d. A nursing facility participating in the program shall
 91 3 notify the state of any changes in ownership that may affect
 91 4 the nursing facility's continued eligibility for the program
 91 5 within thirty days of any such change.

Requires nursing facilities participating in the Program to notify the state of any changes in ownership that may affect the nursing facility's continued eligibility for the program within 30 days of any such change.

91 6 e. No portion of the supplemental payment paid to a
 91 7 participating nursing facility may be used for contingent
 91 8 fees. Expenditures for development fees, legal fees,
 91 9 or consulting fees shall not exceed five percent of
 91 10 the supplemental funds received, annually, and any such
 91 11 expenditures shall be reported to the department of human
 91 12 services, and included in the department's annual report
 91 13 pursuant to subsection 3.

Specifies no portion of the supplemental payment paid to a participating nursing facility may be used for contingent fees. Expenditures for development fees, legal fees, or consulting fees are capped at 5.00% of the supplemental funds received annually, and any such expenditures are required to be reported to the DHS and included in the DHS annual report.

91 14 f. The supplemental payment paid to a participating
 91 15 nursing facility shall only be used as specified in state and
 91 16 federal law. Supplemental payments paid to a participating
 91 17 nursing facility shall only be used as follows:
 91 18 (1) A portion of the amount received may be used for
 91 19 nursing facility quality improvement initiatives including
 91 20 but not limited to educational scholarships and nonmandatory
 91 21 training. Priority in the awarding of contracts for such

Specifies the supplemental payment can only be used for the following:

- Nursing facility quality improvement initiatives including but not limited to educational scholarships and nonmandatory training.
- Nursing facility remodeling or renovation.
- Health information technology infrastructure and software.
- Endowments to offset costs associated with maintenance of hospitals licensed under Iowa Code chapter [135B](#) and nursing

91 22	training shall be for Iowa-based organizations.	facilities licensed under Iowa Code chapter 135C .
91 23	(2) A portion of the amount received may be used for	
91 24	nursing facility remodeling or renovation. Priority in the	
91 25	awarding of contracts for such remodeling or renovations shall	
91 26	be for Iowa-based organizations and skilled laborers.	
91 27	(3) A portion of the amount received may be used for health	
91 28	information technology infrastructure and software. Priority	
91 29	in the awarding of contracts for such health information	
91 30	technology infrastructure and software shall be for Iowa-based	
91 31	organizations.	
91 32	(4) A portion of the amount received may be used for	
91 33	endowments to offset costs associated with maintenance of	
91 34	hospitals licensed under chapter 135B and nursing facilities	
91 35	licensed under chapter 135C.	
91 36	g. A non-state governmental entity shall only be eligible	Specifies a non-state-owned entity shall only be eligible for
91 37	for supplemental payments attributable to up to 10 percent of	supplemental payments attributable to up to 10.00% of the potential
91 38	the potential non-state government-owned nursing facilities	non-state-owned nursing facilities licensed in the state.
91 39	licensed in the state.	
92 1	3. Following receipt of approval and implementation of the	Requires the DHS to submit a report to the Governor and General
92 2	program, the department shall submit a report to the governor	Assembly on or before December 15, annually, regarding the details
92 3	and the general assembly, annually, on or before December	and usage of the Program as specified by this subsection.
92 4	15, regarding the program. The report shall include, at a	
92 5	minimum, the name and location of participating non-state	
92 6	governmental entities and the non-state government-owned	
92 7	nursing facilities with which the non-state governmental	
92 8	entities have partnered to participate in the program; the	
92 9	amount of the matching funds provided by each non-state	
92 10	governmental entity; the net supplemental payment amount	
92 11	received by each participating non-governmental entity and	
92 12	non-state government-owned nursing facility; and the amount	
92 13	expended for each of the specified categories of approved	
92 14	expenditure.	
92 15	4. The department of human services shall work	Requires the DHS to work with nursing facility and hospital
92 16	collaboratively with representatives of nursing facilities,	representatives to develop rules.
92 17	hospitals, and other affected stakeholders in adopting	
92 18	administrative rules, and in implementing and administering	
92 19	this program.	
92 20	5. As used in this section:	Defines "non-state governmental entity" and "non-state government-
92 21	a. "Non-state governmental entity" means a hospital	owned nursing facility."
92 22	authority, hospital district, health care district, city, or	
92 23	county.	
92 24	b. "Non-state government-owned nursing facility" means a	
92 25	nursing facility owned or operated by a non-state governmental	
92 26	entity for which a non-state governmental entity holds	

92 27 the nursing facility's license and is party to the nursing
92 28 facility's Medicaid contract.

92 29 Sec. 83. EFFECTIVE UPON ENACTMENT. This division of this
92 30 Act, being deemed of immediate importance, takes effect upon
92 31 enactment.

The Division relating to creating a Non-State Government-Owned Nursing Facility Upper Payment Limit Supplemental Payment Program is effective on enactment.

92 32 Sec. 84. IMPLEMENTATION PROVISIONS.

92 33 1. The section of this division of this Act directing the
92 34 department of human services to submit a Medicaid state plan
92 35 amendment to CMS shall be implemented as soon as possible
92 36 following enactment, consistent with all applicable federal
92 37 requirements.

The section amending the definition of nursing facility is contingent on approval by CMS.

92 38 2. The sections of this division of this Act amending
92 39 section 249L.2, shall only be implemented upon receipt by
93 1 the department of human services of approval of the Medicaid
93 2 state plan amendment by the centers for Medicare and Medicaid
93 3 services of the United States department of health and human
93 4 services, and if such approval is received, are applicable no
93 5 earlier than the first day of the calendar quarter following
93 6 the date of receipt of such approval.

93 7 DIVISION XVII
93 8 TRAUMA CARE SYSTEM

93 9 Sec. 85. Section 147A.23, subsection 2, paragraph c, Code
93 10 2016, is amended to read as follows:

93 11 c. (1) Upon verification and the issuance of a certificate
93 12 of verification, a hospital or emergency care facility agrees
93 13 to maintain a level of commitment and resources sufficient to
93 14 meet responsibilities and standards as required by the trauma
93 15 care criteria established by rule under this subchapter.

93 16 Verifications are valid for a period of three years or as
93 17 determined by the department and are renewable. As part
93 18 of the verification and renewal process, the department
93 19 may conduct periodic on-site reviews of the services and
93 20 facilities of the hospital or emergency care facility.

93 21 (2) Notwithstanding subparagraph (1), the department shall
93 22 not decrease a level II certificate of verification issued to
93 23 a trauma care facility by the department on or before July 1,
93 24 2015, unless the facility subsequently fails to comply with
93 25 the trauma care criteria established in administrative rules
93 26 in effect on July 1, 2015.

CODE: Grandfathers in any hospital's Trauma Care Service Categorization Level II certificate achieved before July 1, 2015, as long as the hospital continues to meet the requirements existing at that time.

93 27 Sec. 86. EFFECTIVE UPON ENACTMENT. This division of this
93 28 Act, being deemed of immediate importance, takes effect upon
93 29 enactment.

93 30 Sec. 87. RETROACTIVE APPLICABILITY. This division of this

This Division is effective on enactment and applies retroactively to June 30, 2015.

93 31 Act applies retroactively to June 30, 2015.

93 32 DIVISION XVIII
 93 33 MENTAL HEALTH AND DISABILITY SERVICES REGIONS — FUNDING
 93 34 Sec. 88. MENTAL HEALTH AND DISABILITY SERVICES REGIONS —
 93 35 FUNDING.

93 36 1. There is appropriated from the general fund of the
 93 37 state to the department of human services for the fiscal
 93 38 year beginning July 1, 2016, and ending June 30, 2017, the
 93 39 following amount, or so much thereof as is necessary, to be
 94 1 used for the purpose designated:

94 2 For a grant to a five-county mental health and disability
 94 3 services region with a population of between 290,000 to
 94 4 300,000 as determined by the latest federal decennial census,
 94 5 for the provision of mental health and disability services
 94 6 within the region:
 94 7 \$ 500,000

94 8 The moneys appropriated in this subsection are contingent
 94 9 upon the continuation of sustainable service funding
 94 10 relationships between all counties in the region for the
 94 11 fiscal year beginning July 1, 2016, and ending June 30, 2017.
 94 12 The department and the region shall enter into a memorandum of
 94 13 understanding regarding the use of the moneys by the region
 94 14 prior to the region's receipt of moneys under this subsection.

94 15 2. There is appropriated from the general fund of the
 94 16 state to the department of human services for the fiscal
 94 17 year beginning July 1, 2016, and ending June 30, 2017, the
 94 18 following amount, or so much thereof as is necessary, to be
 94 19 used for the purpose designated:

94 20 For a grant to a single-county mental health and disability
 94 21 services region with a population of over 350,000 as
 94 22 determined by the latest federal decennial census, for the
 94 23 provision of mental health and disability services within the
 94 24 region:
 94 25 \$ 2,500,000

94 26 The department shall work with the region awarded moneys
 94 27 pursuant to this subsection to a complete a three-year
 94 28 sustainable cash flow funding plan for the delivery of mental
 94 29 health and disability services in the region to be submitted
 94 30 to the department by November 15, 2016. The department and
 94 31 the region shall enter into a memorandum of understanding
 94 32 regarding the use of the moneys and detailing the provisions
 94 33 of the plan prior to the region's receipt of moneys under this
 94 34 subsection.

94 35 3. The department shall distribute moneys appropriated

General Fund appropriation to the DHS to be distributed to the Eastern Iowa Mental Health and Disability Services Region.

DETAIL: This is a new appropriation for FY 2017. The funds are intended to help maintain stability in the region and are contingent upon the region signing a memorandum of understanding regarding the use of the money prior to receipt.

General Fund appropriation to the DHS to be distributed to Polk County Mental Health and Disability Services Region.

DETAIL: This is a new appropriation for FY 2017. Polk County is required to work with DHS on a three-year funding plan for sustainable services.

Requires the funds appropriated in the section to be distributed within

94 36 in this section within 60 days of the date of signing of the
 94 37 memorandum of understanding between the department and each
 94 38 region.

60 days of the date of signing of a memorandum of understanding between the region and the DHS.

94 39 4. Moneys awarded under this section shall be used by
 95 1 the regions consistent with each region's service system
 95 2 management plan as approved by the department.

Specifies funds appropriated in the section are to be used by the regions in a manner that is consistent with each region's services system management plan.

95 3 DIVISION XIX
 95 4 MENTAL HEALTH AND DISABILITY SERVICES REDESIGN PROGRESS REPORT

95 5 Sec. 89. MENTAL HEALTH AND DISABILITY SERVICES REDESIGN
 95 6 PROGRESS REPORT. The department of human services shall
 95 7 review and report progress on the implementation of the
 95 8 adult mental health and disability services redesign and
 95 9 shall identify any challenges faced in achieving the goals
 95 10 of the redesign. The progress report shall include but
 95 11 not be limited to information regarding the mental health
 95 12 and disability services regional service system including
 95 13 governance, management, and administration; the implementation
 95 14 of best practices including evidence-based best practices;
 95 15 the availability of, access to, and provision of initial core
 95 16 services and additional core services to and for required core
 95 17 service populations and additional core service populations;
 95 18 and the financial stability and fiscal viability of the
 95 19 redesign. The department shall submit its report with
 95 20 findings to the governor and the general assembly no later
 95 21 than November 15, 2016.

Requires the DHS to review and report the progress of the implementation of the Adult Mental Health and Disability Services System redesign to the Governor and General Assembly by November 15, 2016.

95 22 DIVISION XX
 95 23 REFUGEE RISE AMERICORPS PROGRAM
 95 24 Sec. 90. Section 15H.5, subsection 5, paragraph a, Code
 95 25 2016, is amended to read as follows:

95 26 a. Funding for the Iowa summer youth corps program, the
 95 27 Iowa green corps program established pursuant to section
 95 28 15H.6, ~~and the Iowa reading corps program established~~
 95 29 ~~pursuant to section 15H.7, and the RefugeeRISE AmeriCorps~~
 95 30 ~~program established pursuant to section 15H.8,~~ shall be
 95 31 obtained from private sector, and local, state, and federal
 95 32 government sources, or from other available funds credited
 95 33 to the community programs account, which shall be created
 95 34 within the economic development authority under the authority
 95 35 of the commission. Moneys available in the account for a
 95 36 fiscal year are appropriated to the commission to be used
 95 37 for the programs. The commission may establish an escrow
 95 38 account within the authority and obligate moneys within
 95 39 that escrow account for tuition or program payments to be

CODE: Adds the RefugeeRISE AmeriCorps Program to the Iowa Economic Development Authority's Community Programs Account.

96 1 made beyond the term of any fiscal year. Notwithstanding
 96 2 section 12C.7, subsection 2, interest earned on moneys in the
 96 3 community programs account shall be credited to the account.
 96 4 Notwithstanding section 8.33, moneys in the community programs
 96 5 account or escrow account shall not revert to the general fund
 96 6 but shall remain available for expenditure in future fiscal
 96 7 years.
 96 8 Sec. 91.NEW SECTION 15H.8 REFUGEE RISE AMERICORPS
 96 9 PROGRAM.

96 10 1. a. The Iowa commission on volunteer service, in
 96 11 collaboration with the department of human services, shall
 96 12 establish a Refugee Rebuild, Integrate, Serve, Empower
 96 13 (RefugeeRISE) AmeriCorps program to increase community
 96 14 integration and engagement for diverse refugee communities in
 96 15 rural and urban areas across the state.
 96 16 b. The commission, in collaboration with the department
 96 17 of human services, may adopt rules pursuant to chapter 17A to
 96 18 implement and administer this section.
 96 19 2. The commission may use moneys in and lawfully available
 96 20 to the community programs account created in section 15H.5 to
 96 21 fund the program.
 96 22 3. The commission shall submit an annual report to the
 96 23 general assembly and the department of human services relating
 96 24 to the efficacy of the program.

Expands the RefugeeRISE AmeriCorps Program for refugee members to gain work and leadership experience through assisting fellow refugees through community service. The DHS will transfer \$300,000 to the Iowa Economic Development Authority's Iowa Commission on Volunteer Service for the Program. The RefugeeRISE AmeriCorps Program will employ an additional thirty RefugeeRISE AmeriCorps members to be integrated into a minimum of five communities across the state over three years.

The Iowa Commission on Volunteer Service and the DHS may adopt rules to implement and administer the Program.

Requires the Iowa Commission on Volunteer Service to submit an annual report, detailing the efficacy of the RefugeeRISE AmeriCorps Program, to the General Assembly and the Department of Human Services.

96 25 DIVISION XXI
 96 26 MENINGOCOCCAL IMMUNIZATION

96 27 Sec. 92. Section 139A.8, subsection 2, Code 2016, is
 96 28 amended by adding the following new paragraph:
 96 29 NEW PARAGRAPH e. A person shall not be enrolled in school
 96 30 in the seventh grade or twelfth grade in Iowa without evidence
 96 31 of adequate immunization against meningococcal disease in
 96 32 accordance with standards approved by the United States public
 96 33 health service of the United States department of health
 96 34 and human services for such biological products and is in
 96 35 accordance with immunization practices recommended by the
 96 36 advisory committee on immunization practices of the centers
 96 37 for disease control and prevention.

CODE: Requires that a person enrolling in school in seventh or twelfth grade in Iowa be immunized against meningococcal disease.

96 38 DIVISION XXII
 96 39 MEDICAID MANAGED CARE OVERSIGHT
 97 1 REPORTING AND PUBLIC POSTING OF REPORTS — CONSUMER
 97 2 PROTECTION, OUTCOME ACHIEVEMENT, AND PROGRAM INTEGRITY
 97 3 INFORMATION

97 4 Sec. 93. DEPARTMENT OF HUMAN SERVICES — REPORTS. The
97 5 department of human services shall submit to the chairpersons
97 6 and ranking members of the human resources committees of
97 7 the senate and the house of representatives and to the
97 8 chairpersons and ranking members of the joint appropriations
97 9 subcommittee on health and human services, quarterly reports,
97 10 and an annual report beginning December 15, 2016, and annually
97 11 by December 15, thereafter, regarding Medicaid program
97 12 consumer protections, outcome achievement, and program
97 13 integrity as specified in this division. The reports shall be
97 14 based on and updated to include the most recent information
97 15 available. The reports shall include an executive summary
97 16 of the information and data compiled, an analysis of the
97 17 information and data, and any trends or issues identified
97 18 through such analysis, to the extent such information is not
97 19 otherwise considered confidential or protected information
97 20 pursuant to federal or state law. The joint appropriations
97 21 subcommittee on health and human services shall dedicate a
97 22 meeting of the subcommittee during the subsequent session of
97 23 the general assembly to review the annual report.

97 24 1. CONSUMER PROTECTION.

97 25 The general assembly recognizes the need for ongoing review
97 26 of Medicaid member engagement with and feedback regarding
97 27 Medicaid managed care. The Iowa high quality health care
97 28 initiative shall ensure access to medically necessary services
97 29 and shall ensure that Medicaid members are fully engaged in
97 30 their own health care in order to achieve overall positive
97 31 health outcomes. The consumer protection component of the
97 32 reports submitted as required under this section shall be
97 33 based on all of the following reports relating to member and
97 34 provider services:

97 35 a. Member enrollment and disenrollment.

97 36 b. Member grievances and appeals including all of the
97 37 following:

97 38 (1) The percentage of grievances and appeals resolved
97 39 timely.

98 1 (2) The number of grievances and appeals received.

98 2 c. Member call center performance including the service
98 3 level for members, providers, and pharmacy.

98 4 d. Prior authorization denials and modifications including
98 5 all of the following:

98 6 (1) The percentage of prior authorizations approved,
98 7 denied, and modified.

98 8 (2) The percentage of prior authorizations processed
98 9 within required timeframes.

98 10 e. Provider network access including key gaps in provider
98 11 coverage based on contract time, distance standards, and

Requires the DHS to submit both quarterly and annual reports to the Chairpersons and Ranking Members of the Human Resources Committees and Health and Human Services Appropriations Subcommittee beginning December 15, 2016. The reports are focused in three areas: consumer protection, outcome achievement, and program integrity. In addition, beginning November 15, the hawk-i Board, Medical Assistance Advisory Council, MH/DS Commission, and Council on Human Services are required to regularly review Medicaid managed care and are to submit annual executive summaries of pertinent information regarding their deliberations during the prior year.

98 12 market share.

98 13 f. Care coordination and case management, including the

98 14 ratio of members to care coordinators or case managers, and

98 15 the average number of contacts made with members per reporting

98 16 period.

98 17 g. Level of care and functional assessments, including the

98 18 percentage of level of care assessments completed timely.

98 19 h. Population-specific reporting including all of the

98 20 following:

98 21 (1) General population, including adults and children.

98 22 (2) Special needs, including adults and children.

98 23 (3) Behavioral health, including adults and children.

98 24 (4) Elderly.

98 25 i. Number of individuals served on the home and

98 26 community-based services (HCBS) waivers by waiver type, and

98 27 HCBS waiver waiting list reductions or increases.

98 28 2. OUTCOME ACHIEVEMENT.

98 29 The primary focus of the general assembly in moving to

98 30 Medicaid managed care is to improve the quality of care and

98 31 outcomes for Medicaid members. The state has demonstrated

98 32 how preventive services and the coordination of care for all

98 33 of a Medicaid member's treatment significantly improve the

98 34 health and well-being of the state's most vulnerable citizens.

98 35 In order to ensure continued improvement, ongoing review of

98 36 member outcomes as well as of the process that supports a

98 37 strong provider network is necessary. The outcome achievement

98 38 component of the reports submitted as required under this

98 39 section shall be based on all of the following reports:

99 1 a. Contract management including all of the following:

99 2 (1) Claims processing including all of the following:

99 3 (a) The percentage of claims paid, denied, and disputed,

99 4 and the ten most common reasons for claims denials.

99 5 (b) The percentage of claims adjudicated timely.

99 6 (2) Encounter data including all of the following:

99 7 (a) Timeliness.

99 8 (b) Completeness.

99 9 (c) Accuracy.

99 10 (3) Value-based purchasing (VBP) enrollment including the

99 11 percentage of members covered by a VBP arrangement.

99 12 (4) Financial information including all of the following:

99 13 (a) Managed care organization capitation payments.

99 14 (b) The medical loss ratio, administrative loss ratio, and

99 15 underwriting ratio.

99 16 (c) Program cost savings.

99 17 (5) Utilization of health care services by diagnostic

99 18 related group and ambulatory payment classification as well

99 19 as total claims volume.

99 20 (6) Utilization of value-added services.

99 21 (7) Payment of claims by department-identified provider
99 22 type.
99 23 b. Member health outcomes including all of the following:
99 24 (1) Annual health care effectiveness and information set
99 25 (HEDIS) performance.
99 26 (2) Other quality measures including all of the following:
99 27 (a) Behavioral health.
99 28 (b) Children's health outcomes.
99 29 (c) Prenatal and birth outcomes.
99 30 (d) Chronic condition management.
99 31 (e) Adult preventative care.
99 32 (3) Value index score (VIS) performance.
99 33 (4) Annual consumer assessment of health care providers
99 34 and systems (CAHPS) performance.
99 35 (5) Utilization information including all of the
99 36 following:
99 37 (a) Inpatient hospital admissions and potential
99 38 preventative admissions.
99 39 (b) Readmissions.
100 1 (c) Outpatient visits.
100 2 (d) Emergency department visits and potentially
100 3 preventable emergency department visits.
100 4 c. Consumer satisfaction survey.
100 5 3. PROGRAM INTEGRITY.
100 6 a. The Medicaid program has traditionally included
100 7 comprehensive oversight and program integrity controls.
100 8 Under Medicaid managed care, federal, state, and contractual
100 9 safeguards will continue to be incorporated to prevent,
100 10 detect, and eliminate provider fraud, waste, and abuse
100 11 to maintain a sustainable Medicaid program. The program
100 12 integrity component of the reports submitted as required under
100 13 this section shall be based on all of the following reports
100 14 relating to program integrity:
100 15 (1) The level of fraud, waste, and abuse identified by the
100 16 managed care organizations.
100 17 (2) Managed care organization adherence to the program
100 18 integrity plan, including identification of program
100 19 overpayments.
100 20 (3) Notification of the state by the managed care
100 21 organizations regarding fraud, waste, and abuse.
100 22 (4) The impact of program activities on capitation
100 23 payments.
100 24 (5) Enrollment and payment information including all of
100 25 the following:
100 26 (a) Eligibility.
100 27 (b) Third-party liability.
100 28 (6) Managed care organization reserves compared to minimum
100 29 reserves required by the insurance division of the department

100 30 of commerce.

100 31 (7) A summary report by the insurance division of the
100 32 department of commerce including information relating
100 33 to health maintenance organization licensure, the annual
100 34 independent audit, insurance division reporting, and
100 35 reinsurance.

100 36 b. The results of any external quality review organization
100 37 review shall be submitted directly to the governor, the
100 38 general assembly, and the health policy oversight committee
100 39 created in section 2.45.

101 1 c. The department of human services shall require each
101 2 Medicaid managed care organization to authorize the national
101 3 committee for quality assurance (NCQA) to submit directly to
101 4 the governor, the general assembly, and the health policy
101 5 oversight committee created in section 2.45, the evaluation
101 6 report upon which the Medicaid managed care organization's
101 7 NCQA accreditation was granted, and any subsequent evaluations
101 8 of the Medicaid managed care organization.

101 9 4. INCLUSION OF INFORMATION FROM OTHER OVERSIGHT ENTITIES.

101 10 The council on human services, the medical assistance
101 11 advisory council, the hawk-i board, the mental health and
101 12 disability services commission, and the office of long-term
101 13 care ombudsman shall regularly review Medicaid managed care
101 14 as it relates to the entity's respective statutory duties.

101 15 These entities shall submit executive summaries of pertinent
101 16 information regarding their deliberations during the prior
101 17 year relating to Medicaid managed care to the department
101 18 of human services no later than November 15, annually, for
101 19 inclusion in the annual report submitted as required under
101 20 this section.

101 21 5. PUBLIC POSTING OF INFORMATION REPORTED.

101 22 The department of human services shall post all of the
101 23 reports specified under this section, as the information
101 24 becomes available and to the extent such information is not
101 25 otherwise considered confidential or protected information
101 26 pursuant to federal or state law, on the Iowa health link
101 27 internet site.

101 28 Sec. 94. ADDITIONAL OVERSIGHT.

101 29 1. The council on human services, the medical assistance
101 30 advisory council, and the hawk-i board shall submit to the
101 31 chairpersons and ranking members of the human resources
101 32 committees of the senate and the house of representatives
101 33 and to the chairpersons and ranking members of the joint
101 34 appropriations subcommittee on health and human services, on a
101 35 quarterly basis, minutes of their respective meetings during
101 36 which the council or board addressed Medicaid managed care.

101 37 2. The director of human services shall submit the

Requires the hawk-i Board, Medical Assistance Advisory Council, MH/DS Commission, and Council on Human Services to submit their minutes related to Managed Care to the Chairpersons and Ranking Members of the Human Resources Committees and Health and Human Services Appropriations Subcommittee quarterly. The DHS Director is to submit input from a series of public meetings quarterly to the same committees.

101 38 compilation of the input and recommendations from stakeholders
 101 39 and Medicaid members attending the public meetings convened
 102 1 pursuant to 2015 Iowa Acts, chapter 137, section 63, to the
 102 2 chairpersons and ranking members of the human resources
 102 3 committees of the senate and the house of representatives
 102 4 and to the chairpersons and ranking members of the joint
 102 5 appropriations subcommittee on health and human services, on
 102 6 a quarterly basis.

102 7 Sec. 95. PROGRAM POLICY IMPROVEMENT. The department
 102 8 of human services shall ensure that Medicaid managed care
 102 9 organizations comply with all of the following:

102 10 1. In accordance with 42 C.F.R. §438.420, a Medicaid
 102 11 managed care organization, upon a recipient's request, shall
 102 12 continue a recipient's benefits during an appeal process. If,
 102 13 as allowed when final resolution of an appeal is adverse to
 102 14 the Medicaid recipient, the Medicaid managed care organization
 102 15 chooses to recover the costs of the services furnished to the
 102 16 recipient while an appeal is pending, the Medicaid managed
 102 17 care organization shall provide adequate prior notice of
 102 18 potential recovery of costs to the recipient at the time the
 102 19 appeal is filed.

102 20 2. A Medicaid managed care organization shall allow
 102 21 providers to appeal on a recipient's behalf if the recipient
 102 22 designates the provider as the recipient's representative.

102 23 3. a. A Medicaid managed care organization may include as
 102 24 a primary care provider any provider designated by the state
 102 25 as a primary care provider, subject to a provider's respective
 102 26 state certification standards, including but not limited to
 102 27 all of the following:

102 28 (1) A physician who is a family or general practitioner,
 102 29 a pediatrician, an internist, an obstetrician, or a
 102 30 gynecologist.

102 31 (2) An advanced registered nurse practitioner.

102 32 (3) A physician assistant.

102 33 (4) A chiropractor licensed pursuant to chapter 151.

102 34 b. A Medicaid managed care organization shall not impose
 102 35 more restrictive, scope of practice requirements or standards
 102 36 of practice on a primary care provider than those prescribed
 102 37 by state law as a prerequisite for participation in the
 102 38 managed care organization's provider network.

102 39 Sec. 96. SINGLE-CASE AGREEMENT. A Medicaid managed care
 103 1 organization shall, at the request of a Medicaid recipient,
 103 2 attempt to negotiate in good faith a single-case agreement
 103 3 with a recipient's out-of-network provider, including a
 103 4 provider outside of the state, to provide for continuity of
 103 5 care when the recipient has an existing relationship with such

Requires the DHS to ensure managed care companies comply with the following:

- Continue a recipient's benefits during an appeal process, upon a recipient's request.
- Allow providers to appeal on a recipient's behalf if the recipient designates the provider as the recipient's representative.
- Allows an MCO to include as a primary care provider any provider designated by the state as a primary care provider, subject to a provider's respective state certification standards.
- Specifies that an MCO cannot impose more restrictive scope of practice requirements or standards of practice on a primary care provider than those prescribed by state law as a prerequisite for participation in the managed care organization's provider network.

Allows an MCO, at the request of a Medicaid recipient, to attempt to negotiate in good faith a single-case agreement with a recipient's out-of-network provider to provide for continuity of care when the recipient has an existing relationship with such provider. The out-of-network provider may be located outside of the state. If a provider of a medically necessary service is not available within the managed care

103 6 provider. If a provider of a medically necessary service
 103 7 is not available within the managed care organization's
 103 8 network, the managed care organization shall, at the request
 103 9 of a Medicaid recipient, attempt to negotiate in good faith
 103 10 a single-case agreement with an out-of-network provider,
 103 11 regardless of the existence of an established relationship
 103 12 between the recipient and the provider.

organization's network, the MCO is required to, at the request of a Medicaid recipient, attempt to negotiate in good faith a single-case agreement with an out-of-network provider, regardless of the existence of an established relationship between the recipient and the provider.

103 13 HEALTH POLICY OVERSIGHT COMMITTEE

103 14 Sec. 97. Section 2.45, subsection 6, Code 2016, is amended
 103 15 to read as follows:

CODE: Specifies that there are 10 members of the Health Policy Oversight Committee and that they are to meet at least twice annually during the legislative interim to ensure effective and efficient administration of the Program, address stakeholder concerns, monitor program costs and expenditures, and make recommendations.

103 16 6. The legislative health policy oversight committee,
 103 17 which shall be composed of ten members of the general
 103 18 assembly, consisting of five members from each house, to be
 103 19 appointed by the legislative council. The legislative health
 103 20 policy oversight committee shall ~~receive updates and review~~
 103 21 ~~data, public input and concerns, and make recommendations for~~
 103 22 ~~improvements to and changes in law or rule regarding~~ meet at
 103 23 least two times, annually, during the legislative interim
 103 24 to provide continuing oversight for Medicaid managed care,
 103 25 and to ensure effective and efficient administration of the
 103 26 program, address stakeholder concerns, monitor program costs
 103 27 and expenditures, and make recommendations.

103 28 MANAGED CARE OMBUDSMAN

103 29 Sec. 98. Section 231.44, Code 2016, is amended by adding
 103 30 the following new subsection:
 103 31 NEW SUBSECTION 3A. The office of long-term care ombudsman
 103 32 and representatives of the office, when providing assistance
 103 33 and advocacy services under this section, shall be considered
 103 34 a health oversight agency as defined in 45 C.F.R. §164.501 for
 103 35 the purposes of health oversight activities as described in
 103 36 45 C.F.R. §164.512(d). Recipient information available to
 103 37 the office of long-term care ombudsman and representatives
 103 38 of the office under this subsection shall be limited to the
 103 39 recipient's protected health information as defined in 45
 104 1 C.F.R. §160.103 for the purpose of recipient case resolution.
 104 2 When providing assistance and advocacy services under this
 104 3 section, the office of long-term care ombudsman shall act
 104 4 as an independent agency, and the office of long-term care
 104 5 ombudsman and representatives of the office shall be free of
 104 6 any undue influence that restrains the ability of the office
 104 7 or the office's representatives from providing such services
 104 8 and assistance. The office of long-term care ombudsman shall
 104 9 adopt rules applicable to long-term care ombudsmen providing
 104 10 assistance and advocacy services under this section to

CODE: Makes the duties and authority of the Medicaid Long-Term Care Ombudsman consistent with those of the existing Long-Term Care Ombudsman authorized by the federal Older Americans Act. The section also requires the Office to adopt rules to implement these changes.

104 11 authorize such ombudsmen to function in a manner consistent
104 12 with long-term care ombudsmen under the federal Act.

104 13 MEDICAL ASSISTANCE ADVISORY COUNCIL

104 14 Sec. 99. Section 249A.4B, Code 2016, is amended to read as
104 15 follows:

104 16 249A.4B MEDICAL ASSISTANCE ADVISORY COUNCIL.

104 17 1. A medical assistance advisory council is created to
104 18 comply with 42 C.F.R. §431.12 based on section 1902(a)(4) of
104 19 the federal Social Security Act and to advise the director
104 20 about health and medical care services under the medical
104 21 assistance program. The council shall meet no more than
104 22 quarterly. The director of public health and a public member
104 23 of the council selected by the public members of the council
104 24 specified in subsection 2, paragraph "b", shall serve as
104 25 ~~chairperson~~ co-chairpersons of the council.

104 26 2. The council shall include all of the following voting
104 27 members:

104 28 a. The president, or the president's representative, of
104 29 each of the following professional or business entities, or
104 30 a member of each of the following professional or business
104 31 entities, selected by the entity:

- 104 32 (1) The Iowa medical society.
- 104 33 (2) The Iowa osteopathic medical association.
- 104 34 (3) The Iowa academy of family physicians.
- 104 35 (4) The Iowa chapter of the American academy of pediatrics.
- 104 36 (5) The Iowa physical therapy association.
- 104 37 (6) The Iowa dental association.
- 104 38 (7) The Iowa nurses association.
- 104 39 (8) The Iowa pharmacy association.
- 105 1 (9) The Iowa podiatric medical society.
- 105 2 (10) The Iowa optometric association.
- 105 3 (11) The Iowa association of community providers.
- 105 4 (12) The Iowa psychological association.
- 105 5 (13) The Iowa psychiatric society.
- 105 6 (14) The Iowa chapter of the national association of social
105 7 workers.
- 105 8 (15) The coalition for family and children's services in
105 9 Iowa.
- 105 10 (16) The Iowa hospital association.
- 105 11 (17) The Iowa association of rural health clinics.
- 105 12 (18) The Iowa primary care association.
- 105 13 (19) Free clinics of Iowa.
- 105 14 (20) The opticians' association of Iowa, inc.
- 105 15 (21) The Iowa association of hearing health professionals.
- 105 16 (22) The Iowa speech and hearing association.
- 105 17 (23) The Iowa health care association.

CODE: Makes various changes to the Medical Assistance Advisory Council (MAAC) including:

- Adds a co-chairperson.
- Specifies voting and nonvoting members.
- Specifies there are to be 10 public members.
- Adds nonvoting members.

105 18 (24) The Iowa association of area agencies on aging.
 105 19 (25) AARP.
 105 20 (26) The Iowa caregivers association.
 105 21 (27) The Iowa coalition of home and community-based
 105 22 services for seniors.
 105 23 (28) The Iowa adult day services association.
 105 24 (29) Leading age Iowa.
 105 25 (30) The Iowa association for home care.
 105 26 (31) The Iowa council of health care centers.
 105 27 (32) The Iowa physician assistant society.
 105 28 (33) The Iowa association of nurse practitioners.
 105 29 (34) The Iowa nurse practitioner society.
 105 30 (35) The Iowa occupational therapy association.
 105 31 (36) The ARC of Iowa, formerly known as the association for
 105 32 retarded citizens of Iowa.
 105 33 (37) The national alliance for the mentally ill of Iowa on
 105 34 mental illness.
 105 35 (38) The Iowa state association of counties.
 105 36 (39) The Iowa developmental disabilities council.
 105 37 (40) The Iowa chiropractic society.
 105 38 (41) The Iowa academy of nutrition and dietetics.
 105 39 (42) The Iowa behavioral health association.
 106 1 (43) The midwest association for medical equipment
 106 2 services or an affiliated Iowa organization.
 106 3 b.—~~Public~~ Ten public representatives which may include
 106 4 members of consumer groups, including recipients of medical
 106 5 assistance or their families, consumer organizations, and
 106 6 others, ~~equal in number to the number of representatives~~
 106 7 ~~of the professional and business entities specifically~~
 106 8 ~~represented under paragraph “a”,~~ appointed by the governor
 106 9 for staggered terms of two years each, none of whom shall be
 106 10 members of, or practitioners of, or have a pecuniary interest
 106 11 in any of the professional or business entities specifically
 106 12 represented under paragraph “a”, and a majority of whom shall
 106 13 be current or former recipients of medical assistance or
 106 14 members of the families of current or former recipients.
 106 15 c. A member of the hawk-i board created in section 514I.5.
 106 16 selected by the members of the hawk-i board.
 106 17 3. The council shall include all of the following nonvoting
 106 18 members:
 106 19 —~~e.~~ a. The director of public health, or the director's
 106 20 designee.
 106 21 —~~d.~~ b. The director of the department on aging, or the
 106 22 director's designee.
 106 23 c. The long-term care ombudsman, or the long-term care
 106 24 ombudsman's designee.
 106 25 —~~e.~~ d. The dean of Des Moines university — osteopathic
 106 26 medical center, or the dean's designee.

106 27 —f. e. The dean of the university of Iowa college of
106 28 medicine, or the dean's designee.

106 29 —g. f. The following members of the general assembly, each
106 30 for a term of two years as provided in section 69.16B:

106 31 (1) Two members of the house of representatives, one
106 32 appointed by the speaker of the house of representatives
106 33 and one appointed by the minority leader of the house of
106 34 representatives from their respective parties.

106 35 (2) Two members of the senate, one appointed by the
106 36 president of the senate after consultation with the majority
106 37 leader of the senate and one appointed by the minority leader
106 38 of the senate.

106 39 —3. 4. a. An executive committee of the council is created
107 1 and shall consist of the following members of the council:

107 2 (1) Five of the professional or business entity members
107 3 designated pursuant to subsection 2, paragraph "a", and
107 4 selected by the members specified under that paragraph, as
107 5 voting members.

107 6 (2) Five of the public members appointed pursuant to
107 7 subsection 2, paragraph "b", and selected by the members
107 8 specified under that paragraph, as voting members. Of the
107 9 five public members, at least one member shall be a recipient
107 10 of medical assistance.

107 11 (3) The director of public health, or the director's
107 12 designee, as a nonvoting member.

107 13 b. The executive committee shall meet on a monthly basis.
107 14 The director of public health and the public member serving
107 15 as co-chairperson of the council shall serve as ~~chairperson~~
107 16 co-chairpersons of the executive committee.

107 17 c. Based upon the deliberations of the council and the
107 18 executive committee, the executive committee shall make
107 19 recommendations to the director regarding the budget, policy,
107 20 and administration of the medical assistance program.

107 21 —4. 5. For each council meeting, other than those held
107 22 during the time the general assembly is in session, each
107 23 legislative member of the council shall be reimbursed for
107 24 actual travel and other necessary expenses and shall receive
107 25 a per diem as specified in section 7E.6 for each day in
107 26 attendance, as shall the members of the council or the
107 27 executive committee who are recipients or the family members
107 28 of recipients of medical assistance, regardless of whether the
107 29 general assembly is in session.

107 30 —5. 6. The department shall provide staff support and
107 31 independent technical assistance to the council and the
107 32 executive committee.

107 33 —6. 7. The director shall consider the recommendations
107 34 offered by the council and the executive committee in
107 35 the director's preparation of medical assistance budget

107 36 recommendations to the council on human services pursuant to
107 37 section 217.3 and in implementation of medical assistance
107 38 program policies.

107 39 Sec. 100. APPOINTMENT OF PUBLIC REPRESENTATIVES TO
108 1 MEDICAL ASSISTANCE ADVISORY COUNCIL — 2016. The director
108 2 of human services shall make recommendations to the governor
108 3 for appointment of public representatives to the medical
108 4 assistance advisory council pursuant to section 249A.4B,
108 5 subsection 1, paragraph “b”, in order to fill all public
108 6 representative positions on the council no later than June 30,
108 7 2016.

Requires the DHS Director to make recommendations to the Governor for appointment of public members to the MAAC council by June 30, 2016.

108 8 Sec. 101. EFFECTIVE UPON ENACTMENT. The following
108 9 provision of this division of this Act, being deemed of
108 10 immediate importance, takes effect upon enactment:
108 11 1. The section of this division of this Act directing
108 12 the appointment of public representatives to the medical
108 13 assistance advisory council no later than June 30, 2016.

The provision requiring the appointment of public members to the MAAC council is effective upon enactment.

108 14 CONTINUATION OF STATEWIDE PUBLIC MEETINGS

108 15 Sec. 102. 2015 Iowa Acts, chapter 137, section 63, is
108 16 amended to read as follows:
108 17 SEC. 63. HEALTH POLICY OVERSIGHT — MEDICAID MANAGED CARE.

Requires that the statewide public meetings that are being hosted by the DHS, including the reporting requirements for the meetings, continue through December 31, 2017.

108 18 1. The department of human services shall partner with
108 19 appropriate stakeholders to convene monthly statewide public
108 20 meetings beginning in March 2016, and bi-monthly statewide
108 21 public meetings beginning March 2017 and continuing through
108 22 December 31, 2017, to receive input and recommendations from
108 23 stakeholders and members of the public regarding Medicaid
108 24 managed care, ~~beginning in March 2016~~. The meetings shall
108 25 be held in both rural and urban areas, in small communities
108 26 and large population centers, and in a manner that is
108 27 geographically balanced. The department shall encourage
108 28 representatives of Medicaid managed care organizations to
108 29 attend the public meetings. The input and recommendations of
108 30 the public meetings shall be compiled by the department of
108 31 human services and submitted to the executive committee of
108 32 the medical assistance advisory council created in section
108 33 249A.4B.

108 34 2. a. The executive committee of the medical assistance
108 35 advisory council shall review the compilation of the input and
108 36 recommendations of the public meetings convened pursuant to
108 37 subsection 1, and shall submit recommendations based upon the
108 38 compilation to the director of human services on a quarterly
108 39 basis through December 31, 2017.

109 1 b. The director of human services shall submit the

109 2 compilation and the recommendations made under paragraph “a”
 109 3 to the legislative health policy oversight committee created
 109 4 in section 2.45 through December 31, 2017.

109 5 Sec. 103. EFFECTIVE UPON ENACTMENT. The sections of this
 109 6 division of this Act amending 2015 Iowa Acts, chapter 137,
 109 7 section 63, being deemed of immediate importance, takes effect
 109 8 upon enactment.

The section extending the statewide public meetings through December 31, 2017, is effective upon enactment.

109 9 HAWK-I PROGRAM

109 10 Sec. 104. Section 514I.5, subsection 8, paragraph d, Code
 109 11 2016, is amended by adding the following new subparagraph:
 109 12 NEW SUBPARAGRAPH (17) Occupational therapy.

CODE: Requires coverage of occupational therapy under the hawk-i Program.

109 13 Sec. 105. Section 514I.5, Code 2016, is amended by adding
 109 14 the following new subsection:
 109 15 NEW SUBSECTION 10. The hawk-i board shall monitor
 109 16 the capacity of Medicaid managed care organizations to
 109 17 specifically and appropriately address the unique needs of
 109 18 children and children's health delivery.

CODE: Requires the hawk-i Board to monitor the capacity of the MCOs to specifically and appropriately address the unique needs of children.

109 19 DIVISION XXIII 109 20 FOOD PROGRAM

109 21 Sec. 106. IOWA EMERGENCY FOOD PURCHASE PROGRAM. There
 109 22 is appropriated from the general fund of the state to the
 109 23 department of agriculture and land stewardship for the fiscal
 109 24 year beginning July 1, 2016, and ending June 30, 2017, the
 109 25 following amount, or so much thereof as is necessary, to be
 109 26 used for the purpose designated:

General Fund appropriation of \$100,000 to the Iowa Department of Agriculture and Land Stewardship (DALs) for the Iowa Emergency Food Purchase Program.

DETAIL: This is a new appropriation for FY 2017.

109 27 1. For purposes of supporting an Iowa emergency food
 109 28 purchase program:
 109 29 \$ 100,000

109 30 2. The purpose of the Iowa emergency food purchase
 109 31 program is to relieve situations of emergency experienced by
 109 32 families or individuals who reside in this state, including
 109 33 low-income families and individuals and unemployed families
 109 34 and individuals, by distributing food to those persons.

The Iowa Emergency Food Purchase Program is to provide emergency food assistance to Iowa residents.

109 35 3. The Iowa emergency food purchase program shall be
 109 36 managed by an Iowa food bank association selected by the
 109 37 department. The department may enter into a contract with the
 109 38 Iowa food bank association. The Iowa food bank association
 109 39 managing the program shall distribute food under the program
 109 40 to emergency feeding organizations in this state. The Iowa
 109 41 food bank association shall report to the department as
 109 42 required by the department.

Requires the IDALS to select an Iowa food bank association to manage the Program. The food bank association will enter into a contract with the IDALS and will report to the Department. The food bank association managing the Program will distribute food to food banks throughout the state.

109 43 4. The moneys appropriated in this section shall be
109 44 allocated to support the Iowa emergency food purchase program
109 45 only to the extent that the allocated moneys are matched on a
109 46 dollar-for-dollar basis.

Requires the appropriation to be matched dollar-for-dollar.

109 47 5. "Iowa food bank association" means a private nonprofit
109 48 entity that meets all of the following requirements:
109 49 a. The association is organized under chapter 504.
109 50 b. The association qualifies under section 501(c)(3) of the
109 51 Internal Revenue Code as an organization exempt from federal
109 52 income tax under section 501(a) of the Internal Revenue Code.
109 53 c. The association's members include food banks, or
109 54 affiliations of food banks, that together serve all counties
109 55 in this state.
109 56 d. The association's principal office is located in this
109 57 state.

Defines standards the selected food bank association must meet to
manage and administer the Iowa Emergency Food Purchase Program.

Summary Data
General Fund

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Health and Human Services	\$ 1,903,078,965	\$ 1,833,474,878	\$ 0	\$ 1,833,474,878	\$ 1,860,532,421	\$ 1,836,973,531	\$ 3,498,653	
Grand Total	\$ 1,903,078,965	\$ 1,833,474,878	\$ 0	\$ 1,833,474,878	\$ 1,860,532,421	\$ 1,836,973,531	\$ 3,498,653	

Health and Human Services

General Fund

	Actual FY 2015 (1)	Estimated FY 2016 (2)	Supp-Final Action FY 2016 (3)	2016 Est Net (4)	Gov Rec FY 2017 (5)	Final Action FY 2017 (6)	Final Action vs. Est 2016 (7)	Page and Line # (8)
<u>Aging, Dept. on</u>								
Aging, Dept. on								
Aging Programs	\$ 11,419,732	\$ 11,399,732	\$ 0	\$ 11,399,732	\$ 11,436,066	\$ 12,548,603	\$ 1,148,871	PG 1 LN 8
Office of LTC Resident's Advocate	929,315	1,276,783	0	1,276,783	1,276,783	1,376,783	100,000	PG 3 LN 29
Food Security for Older Individuals	250,000	0	0	0	0	0	0	
Total Aging, Dept. on	\$ 12,599,047	\$ 12,676,515	\$ 0	\$ 12,676,515	\$ 12,712,849	\$ 13,925,386	\$ 1,248,871	
<u>Public Health, Dept. of</u>								
Public Health, Dept. of								
Addictive Disorders	\$ 27,263,690	\$ 27,263,690	\$ 0	\$ 27,263,690	\$ 26,988,690	\$ 26,988,690	\$ -275,000	PG 4 LN 23
Healthy Children and Families	4,046,602	4,617,543	0	4,617,543	4,617,543	5,693,774	1,076,231	PG 8 LN 21
Chronic Conditions	5,155,692	4,955,692	0	4,955,692	4,930,692	5,080,692	125,000	PG 10 LN 24
Community Capacity	8,737,910	8,821,335	0	8,821,335	7,239,136	7,339,136	-1,482,199	PG 12 LN 29
Healthy Aging	7,297,142	7,297,142	0	7,297,142	7,297,142	7,297,142	0	PG 18 LN 12
Infectious Diseases	1,335,155	1,335,155	0	1,335,155	1,335,155	1,335,155	0	PG 18 LN 19
Public Protection	3,287,127	4,339,191	0	4,339,191	4,399,191	4,399,191	60,000	PG 18 LN 26
Resource Management	855,072	855,072	0	855,072	1,005,072	1,005,072	150,000	PG 19 LN 21
Congenital & Inherited Disorders Registry	215,055	232,500	0	232,500	232,500	232,500	0	STND
Environmental Hazards	803,870	0	0	0	0	0	0	
Total Public Health, Dept. of	\$ 58,997,315	\$ 59,717,320	\$ 0	\$ 59,717,320	\$ 58,045,121	\$ 59,371,352	\$ -345,968	
<u>Veterans Affairs, Dept. of</u>								
Veterans Affairs, Dept. of								
General Administration	\$ 1,095,951	\$ 1,200,546	\$ 0	\$ 1,200,546	\$ 1,200,546	\$ 1,200,546	\$ 0	PG 20 LN 28
Vets Home Ownership Program	2,500,000	2,500,000	0	2,500,000	2,500,000	2,500,000	0	PG 21 LN 27
Veterans County Grants	990,000	990,000	0	990,000	990,000	990,000	0	PG 21 LN 34
Total Veterans Affairs, Dept. of	\$ 4,585,951	\$ 4,690,546	\$ 0	\$ 4,690,546	\$ 4,690,546	\$ 4,690,546	\$ 0	
Veterans Affairs, Dept. of								
Iowa Veterans Home	\$ 7,594,996	\$ 7,594,996	\$ 0	\$ 7,594,996	\$ 7,594,996	\$ 7,594,996	\$ 0	PG 21 LN 5
Total Veterans Affairs, Dept. of	\$ 12,180,947	\$ 12,285,542	\$ 0	\$ 12,285,542	\$ 12,285,542	\$ 12,285,542	\$ 0	

Health and Human Services

General Fund

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Human Services, Dept. of								
Assistance								
Family Investment Program/JOBS	\$ 48,693,875	\$ 48,673,875	\$ -3,900,000	\$ 44,773,875	\$ 48,673,875	\$ 48,673,875	\$ 0	PG 28 LN 33
Medical Assistance	1,309,486,529	1,303,191,564	0	1,303,191,564	1,326,546,446	1,318,246,446	15,054,882	PG 31 LN 32
Medicaid Supplemental - HF2460	0	0	15,000,000	15,000,000	0	0	0	
Medical Contracts	17,148,576	19,613,964	0	19,613,964	19,113,964	17,045,964	-2,568,000	PG 39 LN 20
State Supplementary Assistance	14,121,154	12,997,187	-1,100,000	11,897,187	11,611,442	11,611,442	-1,385,745	PG 41 LN 13
State Children's Health Insurance	45,877,998	20,413,844	0	20,413,844	9,176,652	9,176,652	-11,237,192	PG 42 LN 9
Child Care Assistance	36,303,944	51,408,668	-10,000,000	41,408,668	49,889,790	36,389,561	-15,019,107	PG 42 LN 27
Child and Family Services	94,857,554	85,341,938	0	85,341,938	86,133,749	84,482,419	-859,519	PG 45 LN 23
Adoption Subsidy	42,580,749	42,998,286	0	42,998,286	43,046,664	43,046,664	48,378	PG 51 LN 15
Family Support Subsidy	1,079,739	1,073,932	0	1,073,932	1,069,282	1,069,282	-4,650	PG 52 LN 13
Connors Training	33,632	33,632	0	33,632	33,632	33,632	0	PG 53 LN 5
Volunteers	84,686	84,686	0	84,686	84,686	84,686	0	PG 58 LN 1
MHDS Equalization	30,555,823	0	0	0	0	0	0	
Child Abuse Prevention	215,125	232,570	0	232,570	232,570	232,570	0	STND
Juv CINA/Female Adjud Delinquent Placements	2,000,000	0	0	0	0	0	0	
MHDS Regional Funding	1,040,000	0	0	0	0	0	0	
Mental Health Grant - Eastern Iowa	0	0	0	0	0	500,000	500,000	PG 93 LN 36
Mental Health Grant - Polk County	0	0	0	0	0	2,500,000	2,500,000	PG 94 LN 15
Total Assistance	\$ 1,644,079,384	\$ 1,586,064,146	\$ 0	\$ 1,586,064,146	\$ 1,595,612,752	\$ 1,573,093,193	\$ -12,970,953	
Toledo Juvenile Home								
Toledo Juvenile Home	\$ 507,766	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Eldora Training School								
Eldora Training School	\$ 12,358,285	\$ 12,233,420	\$ 0	\$ 12,233,420	\$ 12,233,420	\$ 12,233,420	\$ 0	PG 44 LN 36
Cherokee								
Cherokee MHI	\$ 6,031,934	\$ 5,545,616	\$ 0	\$ 5,545,616	\$ 14,644,041	\$ 14,644,041	\$ 9,098,425	PG 53 LN 26
Clarinda								
Clarinda MHI	\$ 6,787,309	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Independence								
Independence MHI	\$ 10,484,386	\$ 10,324,209	\$ 0	\$ 10,324,209	\$ 18,552,103	\$ 18,552,103	\$ 8,227,894	PG 53 LN 33
Mount Pleasant								
MT Pleasant MHI	\$ 1,417,796	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	

Health and Human Services

General Fund

	Actual FY 2015 (1)	Estimated FY 2016 (2)	Supp-Final Action FY 2016 (3)	2016 Est Net (4)	Gov Rec FY 2017 (5)	Final Action FY 2017 (6)	Final Action vs. Est 2016 (7)	Page and Line # (8)
Glenwood								
Glenwood Resource Center	\$ 21,695,266	\$ 21,524,482	\$ 0	\$ 21,524,482	\$ 20,719,486	\$ 20,719,486	\$ -804,996	PG 54 LN 9
Woodward								
Woodward Resource Center	\$ 14,855,693	\$ 14,583,806	\$ 0	\$ 14,583,806	\$ 14,053,011	\$ 14,053,011	\$ -530,795	PG 54 LN 13
Cherokee CCUSO								
Civil Commitment Unit for Sexual Offenders	\$ 9,923,563	\$ 9,893,079	\$ 0	\$ 9,893,079	\$ 10,193,079	\$ 10,193,079	\$ 300,000	PG 55 LN 15
Field Operations								
Child Support Recoveries	\$ 14,911,230	\$ 14,663,373	\$ 0	\$ 14,663,373	\$ 14,663,373	\$ 14,663,373	\$ 0	PG 30 LN 30
Field Operations	61,170,976	58,920,976	0	58,920,976	58,920,976	54,442,877	-4,478,099	PG 56 LN 2
Total Field Operations	<u>\$ 76,082,206</u>	<u>\$ 73,584,349</u>	<u>\$ 0</u>	<u>\$ 73,584,349</u>	<u>\$ 73,584,349</u>	<u>\$ 69,106,250</u>	<u>\$ -4,478,099</u>	
General Administration								
General Administration	\$ 15,072,302	\$ 14,898,198	\$ 0	\$ 14,898,198	\$ 14,873,198	\$ 15,673,198	\$ 775,000	PG 56 LN 19
DHS Facilities	0	0	0	0	2,879,274	2,879,274	2,879,274	PG 57 LN 28
Commission of Inquiry	0	1,394	0	1,394	1,394	1,394	0	STND
Nonresident Commitment Mental Illness	5,766	142,802	0	142,802	142,802	142,802	0	STND
Total General Administration	<u>\$ 15,078,068</u>	<u>\$ 15,042,394</u>	<u>\$ 0</u>	<u>\$ 15,042,394</u>	<u>\$ 17,896,668</u>	<u>\$ 18,696,668</u>	<u>\$ 3,654,274</u>	
Total Human Services, Dept. of	<u>\$ 1,819,301,656</u>	<u>\$ 1,748,795,501</u>	<u>\$ 0</u>	<u>\$ 1,748,795,501</u>	<u>\$ 1,777,488,909</u>	<u>\$ 1,751,291,251</u>	<u>\$ 2,495,750</u>	
<u>Agriculture and Land Stewardship</u>								
Agriculture and Land Stewardship								
Food Banks	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 100,000	\$ 100,000	PG 109 LN 21
Total Agriculture and Land Stewardship	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 100,000</u>	<u>\$ 100,000</u>	
Total Health and Human Services	<u>\$ 1,903,078,965</u>	<u>\$ 1,833,474,878</u>	<u>\$ 0</u>	<u>\$ 1,833,474,878</u>	<u>\$ 1,860,532,421</u>	<u>\$ 1,836,973,531</u>	<u>\$ 3,498,653</u>	

Summary Data
Other Funds

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Health and Human Services	\$ 435,212,954	\$ 431,519,494	\$ 0	\$ 431,519,494	\$ 438,296,213	\$ 439,096,213	\$ 7,576,719	
Grand Total	\$ 435,212,954	\$ 431,519,494	\$ 0	\$ 431,519,494	\$ 438,296,213	\$ 439,096,213	\$ 7,576,719	

Health and Human Services

Other Funds

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Human Services, Dept. of								
General Administration								
FIP-TANF	\$ 6,281,222	\$ 5,136,995	\$ 0	\$ 5,136,995	\$ 5,112,462	\$ 5,112,462	\$ -24,533	PG 22 LN 22
Promise Jobs-TANF	10,232,340	10,138,178	0	10,138,178	5,575,693	5,575,693	-4,562,485	PG 22 LN 27
FaDDS-TANF	2,898,980	2,898,980	0	2,898,980	2,898,980	2,898,980	0	PG 22 LN 33
Field Operations-TANF	31,296,232	31,296,232	0	31,296,232	31,296,232	35,774,331	4,478,099	PG 23 LN 6
General Administration-TANF	3,744,000	3,744,000	0	3,744,000	3,744,000	3,744,000	0	PG 23 LN 9
Child Care Assistance -TANF	41,210,239	35,047,110	0	35,047,110	41,666,826	46,866,826	11,819,716	PG 23 LN 12
MH/DD Comm. Services-TANF	4,894,052	4,894,052	0	4,894,052	0	0	-4,894,052	PG 23 LN 35
Child & Family Services-TANF	32,084,430	32,084,430	0	32,084,430	36,978,482	37,256,580	5,172,150	PG 24 LN 1
Child Abuse Prevention-TANF	125,000	125,000	0	125,000	125,000	125,000	0	PG 24 LN 4
Training & Technology-TANF	1,037,186	1,037,186	0	1,037,186	1,037,186	1,037,186	0	PG 24 LN 24
FIP Eligibility System-TANF	6,549,549	6,654,880	0	6,654,880	15,611,077	5,654,880	-1,000,000	PG 24 LN 29
Total General Administration	\$ 140,353,230	\$ 133,057,043	\$ 0	\$ 133,057,043	\$ 144,045,938	\$ 144,045,938	\$ 10,988,895	
Assistance								
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 1,930,067	\$ 0	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 0	PG 24 LN 7
Promoting Healthy Marriage - TANF	25,000	25,000	0	25,000	25,000	25,000	0	PG 25 LN 29
Medical Assistance - HCTF	223,277,860	222,100,000	0	222,100,000	219,890,000	219,890,000	-2,210,000	
Medical Contracts-Pharm Settlement - PhSA	5,467,564	2,002,176	0	2,002,176	500,000	1,300,000	-702,176	PG 67 LN 37
Medical Assistance - QATF	29,195,653	37,205,208	0	37,205,208	36,705,208	36,705,208	-500,000	PG 68 LN 12
Medical Assistance-HHCAT	34,570,769	34,700,000	0	34,700,000	34,700,000	34,700,000	0	PG 68 LN 27
Medicaid Supplemental - MFF	392,810	500,000	0	500,000	500,000	500,000	0	
Total Assistance	\$ 294,859,724	\$ 298,462,451	\$ 0	\$ 298,462,451	\$ 294,250,275	\$ 295,050,275	\$ -3,412,176	
Total Human Services, Dept. of	\$ 435,212,954	\$ 431,519,494	\$ 0	\$ 431,519,494	\$ 438,296,213	\$ 439,096,213	\$ 7,576,719	
Total Health and Human Services	\$ 435,212,954	\$ 431,519,494	\$ 0	\$ 431,519,494	\$ 438,296,213	\$ 439,096,213	\$ 7,576,719	

Summary Data
FTE Positions

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Health and Human Services	4,679.30	4,829.53	0.00	4,829.53	4,829.50	5,070.59	241.06	
Grand Total	4,679.30	4,829.53	0.00	4,829.53	4,829.50	5,070.59	241.06	

Health and Human Services

FTE Positions

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<u>Aging, Dept. on</u>								
Aging, Dept. on								
Aging Programs	25.50	27.02	0.00	27.02	27.00	31.00	3.98	PG 1 LN 8
Office of LTC Resident's Advocate	11.86	14.98	0.00	14.98	15.00	18.00	3.02	PG 3 LN 29
Total Aging, Dept. on	37.35	42.00	0.00	42.00	42.00	49.00	7.00	
<u>Public Health, Dept. of</u>								
Public Health, Dept. of								
Addictive Disorders	7.46	10.00	0.00	10.00	10.00	10.00	0.00	PG 4 LN 23
Healthy Children and Families	10.82	12.00	0.00	12.00	12.00	12.00	0.00	PG 8 LN 21
Chronic Conditions	4.45	5.00	0.00	5.00	5.00	5.00	0.00	PG 10 LN 24
Community Capacity	7.74	11.00	0.00	11.00	10.65	13.00	2.00	PG 12 LN 29
Environmental Hazards	3.54	0.00	0.00	0.00	0.00	0.00	0.00	
Infectious Diseases	1.77	4.00	0.00	4.00	4.00	4.00	0.00	PG 18 LN 19
Public Protection	127.52	136.00	0.00	136.00	136.35	137.00	1.00	PG 18 LN 26
Resource Management	2.98	4.00	0.00	4.00	4.00	4.00	0.00	PG 19 LN 21
Total Public Health, Dept. of	166.30	182.00	0.00	182.00	182.00	185.00	3.00	
<u>Veterans Affairs, Dept. of</u>								
Veterans Affairs, Dept. of								
General Administration	12.97	15.00	0.00	15.00	15.00	15.00	0.00	PG 20 LN 28
Total Veterans Affairs, Dept. of	12.97	15.00	0.00	15.00	15.00	15.00	0.00	
<u>Human Services, Dept. of</u>								
Assistance								
Family Investment Program/JOBS	8.03	10.00	0.00	10.00	10.00	0.00	-10.00	PG 28 LN 33
Child Care Assistance	3.44	0.00	0.00	0.00	0.00	0.00	0.00	PG 42 LN 27
Medical Assistance	13.38	15.00	0.00	15.00	15.00	0.00	-15.00	PG 31 LN 32
Medical Contracts	3.01	0.00	0.00	0.00	0.00	0.00	0.00	PG 39 LN 20
Child and Family Services	3.87	0.00	0.00	0.00	0.00	0.00	0.00	PG 45 LN 23
Total Assistance	31.73	25.00	0.00	25.00	25.00	0.00	-25.00	
Eldora Training School								
Eldora Training School	156.81	169.30	0.00	169.30	169.30	188.30	19.00	PG 44 LN 36

Health and Human Services

FTE Positions

	Actual FY 2015	Estimated FY 2016	Supp-Final Action FY 2016	2016 Est Net	Gov Rec FY 2017	Final Action FY 2017	Final Action vs. Est 2016	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Cherokee								
Cherokee MHI	164.90	169.20	0.00	169.20	169.20	169.20	0.00	PG 53 LN 26
Clarinda								
Clarinda MHI	75.23	0.00	0.00	0.00	0.00	0.00	0.00	
Independence								
Independence MHI	224.25	233.00	0.00	233.00	233.00	233.00	0.00	PG 53 LN 33
Mount Pleasant								
Mt Pleasant MHI	76.17	0.00	0.00	0.00	0.00	0.00	0.00	
Glenwood								
Glenwood Resource Center	802.32	846.12	0.00	846.12	846.12	846.12	0.00	PG 54 LN 9
Woodward								
Woodward Resource Center	594.38	642.47	0.00	642.47	642.47	642.47	0.00	PG 54 LN 13
Cherokee CCUSO								
Civil Commitment Unit for Sexual Offenders	93.16	132.50	0.00	132.50	132.50	132.50	0.00	PG 55 LN 15
Field Operations								
Child Support Recoveries	440.34	459.00	0.00	459.00	459.00	464.00	5.00	PG 30 LN 30
Field Operations	1,555.27	1,621.00	0.00	1,621.00	1,621.00	1,837.00	216.00	PG 56 LN 2
Total Field Operations	<u>1,995.60</u>	<u>2,080.00</u>	<u>0.00</u>	<u>2,080.00</u>	<u>2,080.00</u>	<u>2,301.00</u>	<u>221.00</u>	
General Administration								
General Administration	248.14	292.94	0.00	292.94	292.91	309.00	16.06	PG 56 LN 19
Total Human Services, Dept. of	<u>4,462.68</u>	<u>4,590.53</u>	<u>0.00</u>	<u>4,590.53</u>	<u>4,590.50</u>	<u>4,821.59</u>	<u>231.06</u>	
Total Health and Human Services	<u>4,679.30</u>	<u>4,829.53</u>	<u>0.00</u>	<u>4,829.53</u>	<u>4,829.50</u>	<u>5,070.59</u>	<u>241.06</u>	